	Fill in this information to ident United States Bankruptcy Court Northern District of Illinois Case number (If known):		UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS MAR 0 6 2017 JEFFREY P. ALLSTEADT, CLERK Check if this is an amended filing
(Official Form 101		
-	Voluntary Pet	ition for Individuals Filing	for Bankruptcy 12/15
tt D s: B in (ii	omt case—and in joint cases, the answer would be yes if eithe webtor 2 to distinguish between ame person must be Debtor 1 in e as complete and accurate as	possible. If two married people are filing together, both a eded, attach a separate sheet to this form. On the top of a	tors. For example, if a form asks, "Do you own a car," he spouses separately, the form uses <i>Debtor 1</i> and ormation as <i>Debtor 1</i> and the other as <i>Debtor 2</i> . The
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		,
	Write the name that is on your government-issued picture identification (for example, your driver's license or passport).	LATANYA First name	First name
	Bring your picture	BROADEN	Middle name
	identification to your meeting with the trustee.	Last name	Last name
		Suffix (Sr., Jr., II, III)	Suffix (Sr., Jr., II, III)
			e e e
2.	All other names you		
	have used in the last 8 years	First name	First name
	Include your married or maiden names.	Middle name	Middle name
		Last name	Last name
		First name	First name
		Middle name	Middle name
		Last name	Last name
3.	Only the last 4 digits of	xxx - xx - 0 0 9 7	VVV VV
	your Social Security number or federal	OR	XXX - XX
	Individual Taxpayer Identification number	9 xx - xx	9 xx - xx
	(ITIN)		

Case 17-06685 Doc 1 Filed 03/06/17 Entered 03/06/17 10:07:35 Desc Main Document Page 2 of 60

٤	ebtor 1	LATANYA	BROADEN	Case number (if MOONN)
		First Name Middle N	arme Last Nerne	Cato italian (i somi
			About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
and E Identi		siness names iployer cation Numbers ou have used in	☐ I have not used any business names or EINs.	☐ I have not used any business names or EINs.
	the last	8 years	Business name	Business name
Include trade names doing business as n			Business name	Business name
			EIN	EIN
			EIN	EIN
				energy of the second of the se
5.	Where y	ou live		If Debtor 2 lives at a different address:
			1240 W 101ST PLACE	
			Number Street	Number Street
			CHICAGO IL 60643	
			City State ZIP Code	City State ZIP Code
			COOK County	County
			If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.
			Number Street	Number Street
			P.O. Box	P.O. Box
			City State ZiP Code	City State ZIP Code
6.		are choosing	Check one:	Check one:
	bankruptcy		Over the last 180 days before filing this petition. I have lived in this district longer than in any other district.	 Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
			☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)
				M-7-/

Case 17-06685 Doc 1 Filed 03/06/17 Entered 03/06/17 10:07:35 Desc Main Document Page 3 of 60

Debto			ROAE	DEN		Case number in	knowni	
	First Name Middle Na	ame	læst Nar	ne			Camadama Amining & 40-9 syrry recovers an area and a strong completely depositive year representation and an advantage of the principle and	
Part	72 Tell the Court Abo	ut Your	Bankru	ptcy Case				
В	he chapter of the ankruptcy Code you	Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.						
	re choosing to file nder	☐ Cha	apter 7					
		Cha	apter 11	l				
		☐ Cha	apter 12	<u>></u>				
		☑ Cha	apter 13	3				
8. H	ow you will pay the fee	Ioca you sub with I ne App I rea By I less pay	 I will pay the entire fee when I file my petition. Please check with the clerk's office in you local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. ✓ I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A). ☐ I request that my fee be waived (You may request this option only if you are filing for Check By law, a judge may, but is not required to, waive your fee, and may do so only if your incless than 150% of the official poverty line that applies to your family size and you are unail pay the fee in installments). If you choose this option, you must fill out the Application to Finance Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition. 					
ba	ave you filed for inkruptcy within the st 8 years?	☐ No ☑ Yes.		Norther			7 Case number 17 - 02380	
			District		When	154 (757 ()) () ()	Case number	
			District	**************************************	When	MM / DD / YYYY	Case number	
	e any bankruptcy ses pending or being	⊘ No						
file	ed by a spouse who is	🔲 Yes.	Debtor			W	Relationship to you	
yo pa	not filing this case with you, or by a business partner, or by an uffiliate?		District			MM / DD / YYYY	Case number, if known	
			Debtor				Relationship to you	
			District	***************************************	When	MM / DD / YYYY	Case number, if known	
	you rent your sidence?	☐ No. ☑ Yes.	residen	ur landlord obtained nce? . Go to line 12.			and do you want to stay in your Against You (Form 101A) and file it with	
				s bankruptcy petition			S see (. som . s m y and mo it will	

Case 17-06685 Doc 1 Filed 03/06/17 Entered 03/06/17 10:07:35 Desc Main Document Page 4 of 60

De	ebtor 1	LATANYA		ROADEN		Case	number (if know	m)		
		First Name Middle Nam	n∈	Last Name						
P	art 31 Ro	eport About Any I	Busines	ses You Own as a S	ole Propri	etor	······································			
12		a sole proprietor	🛭 No.	Go to Part 4.						
	business	y full- or part-time less?	☐ Yes	. Name and location of b	usiness					
	business y individual, separate le	orietorship is a ou operate as an and is not a egal entity such as on, partnership, or		Name of business, if any	***************************************					
	LLC. If you have sole propri	more than one etorship, use a		Number Street			***************************************			
	separate s to this petit	heet and attach it ion.				***************************************	MATERIA AND THE PROPERTY AND THE PARTY AND T	***************************************		
	·			City			State	ZIP Code		
				Check the appropriate I	box to descr	ibe your business	S .:			
				☐ Health Care Busine						
				☐ Single Asset Real E		_)		
				Stockbroker (as defined in 11 U.S.C. § 101(53A))						
				Commodity Broker (as defined in 11 U.S.C. § 101(6))						
				☐ None of the above						
Chapter 11 of the Bankruptcy Code and are you a small business debtor? For a definition of small business debtor, see 11 U.S.C. § 101(51D).			most reany of the No.	are filing under Chapter 11, the court must know whether you are a small business debtor so that it appropriate deadlines. If you indicate that you are a small business debtor, you must attach your ecent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B). I am not filing under Chapter 11. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code. I am filing under Chapter 11 and I am a small business debtor according to the definition in the						
Pæ	nt 4; Re	port if You Own c		Bankruptcy Code. Any Hazardous Prop						
4.4	Do you o	vn or have anv	r-a							
	property t	hat poses or is	∠ No							
	of immine identifiabl public hea Or do you	olleged to pose a threat of imminent and dentifiable hazard to oublic health or safety? Or do you own any		What is the hazard?						anthronducture
	property t immediate	hat needs attention?		If immediate attention i	s needed, w	hy is it needed?				
	perishable g that must be	e, do you own loods, or livestock lefed, or a building lirgent repairs?			Аум Айг бөг болбоого үзэ боого өөгөөлөгчөө	14		-		*******
				Where is the property?	Number	Street	4-14		<u>, , , , , , , , , , , , , , , , , , , </u>	r-minerity
						···	···			
					City			<u> </u>	717.0	
					City			State	ZIP Code	

Case 17-06685 Doc 1 Filed 03/06/17 Entered 03/06/17 10:07:35 Desc Main Page 5 of 60 Document

Debtor 1

LATANYA

BROADEN

Middle Name

Last Name

Case number	(# known)
-------------	-----------

Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

> The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

J	I am not required to receive a briefing about	ľ
	credit counseling because of:	

Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making

rational decisions about finances.

Disability. My physical disability causes me

to be unable to participate in a briefing in person, by phone, or through the internet, even after I

reasonably tried to do so.

Active duty. I am currently on active military

duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental deficiency that makes me

incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a

briefing about credit counseling, you must file a motion for waiver of credit counseling with the court. Case 17-06685 Doc 1 Filed 03/06/17 Entered 03/06/17 10:07:35 Desc Main Document Page 6 of 60

Debtor 1	LATANYA First Name Middle Nam	BROADEN Last Name	Case number (ở kn	own}			
Part 6:	Answer These Que	stions for Reporting Purpo	oses				
	kind of debts do	16a. Are your debts prim as "incurred by an individual control of the control of	arily consumer debts? Consumer debture	ots are defined in 11 U.S.C. § 101(8) sehold purpose."			
you h	aver	No. Go to line 16b.✓ Yes. Go to line 17.					
		16b. Are your debts prima money for a business or	arily business debts? Business debts investment or through the operation of the	are debts that you incurred to obtain business or investment.			
		No. Go to line 16c. Yes. Go to line 17.	•				
		16c. State the type of debts yo	ou owe that are not consumer debts or bus	siness debts.			
. Are yo Chapt	ou filing under er 7?	No. I am not filing under to	Chapter 7. Go to line 18.				
	u estimate that after cempt property is	Yes. I am filing under Cha administrative expens	pter 7. Do you estimate that after any exer ses are paid that funds will be available to	npt property is excluded and distribute to unsecured creditors?			
exclud	led and	administrative expenses are paid that funds will be available to distribute to unsecured creditors? □ No					
are pa availa	istrative expenses id that funds will be ble for distribution ecured creditors?	☐ Yes					
	nany creditors do stimate that you	☐ 1-49 ☐ 50-99 ☐ 100-199 ☐ 200-999	1,000-5,000 5,001-10,000 10,001-25,000	25,001-50,000 50,001-100,000 More than 100,000			
	nuch do you ite your assets to rth?	■ \$0-\$50,000 ■ \$50,001-\$100,000 ■ \$100,001-\$500,000 ■ \$500,001-\$1 million	\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million	\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion			
	nuch do you te your liabilities	\$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000	\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million	\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion			
art 7:	Sign Below	□ \$500,001-\$1 million	☐ \$100,000,001-\$500 million	☐ More than \$50 billion			
or you		I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.					
If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, of title 11, United States Code. I understand the relief available under each chapter, and I choose to under Chapter 7.							
		If no attorney represents me arthis document, I have obtained	nd I did not pay or agree to pay someone vi and read the notice required by 11 U.S.C.	who is not an attorney to help me fill out . § 342(b).			
			vith the chapter of title 11, United States Co	· ·			
		I understand making a false sta with a bankruptcy case can res 18 U.S.C. §§ 152, 1341, 1519,	atement, concealing property, or obtaining sult in fines up to \$250,000, or imprisonment and 3571.	money or property by fraud in connection of for up to 20 years, or both.			
		Signature of Debtor 1	Signature 12017 Executed	of Debtor 2			
		Executed on $\frac{D3}{MM}$ DD	2017 Executed	onMM / DD /YYYY			

Case 17-06685 Doc 1 Filed 03/06/17 Entered 03/06/17 10:07:35 Desc Main Document Page 7 of 60

Debtor 1	LATAN	/A	BROADEN	Cose number (Kingga)	ase number (if known)			
	First Name	Middle Name	Last Name	Odde Harriber (ii kriswii)				
represen	attorney, if y nted by one e not represe		to proceed under Chapter 7, 11, 12, available under each chapter for whithe notice required by 11 U.S.C. § 3	ed in this petition, declare that I have info or 13 of title 11, United States Code, an ich the person is eligible. I also certify the 42(b) and, in a case in which § 707(b)(4 information in the schedules filed with the	nd have expl hat I have de N(D) applies	ained the relief elivered to the debtor(s) certify that I have no		
by an attorney, you do not need to file this page.		o not	×	Date	o pouson is	moon oot.		
			Signature of Attorney for Debtor		MM /	DD /YYYY		
			Printed name					
			Firm name					
			Number Street					
			City	State	ZIP Code			
			Contact phone	Email address	AAA-MAAAA			
			Bar number	State	-			

Case 17-06685 Doc 1 Filed 03/06/17 Entered 03/06/17 10:07:35 Desc Main Document Page 8 of 60

Debtor 1	LATANYA	BROADEN	0				
DODIO!	First Name Middle Name	Last Name	Case number (if known)				
bankrupto attorney	you are filing this y without an	should understand that themselves successfully	individual, to represent yourself in bankruptcy court, but you many people find it extremely difficult to represent Because bankruptcy has long-term financial and legal strongly urged to hire a qualified attorney.				
If you are represented by an attorney, you do not need to file this page.		technical, and a mistake or dismissed because you did hearing, or cooperate with t firm if your case is selected	To be successful, you must correctly file and handle your bankruptcy case. The rules are very technical, and a mistake or inaction may affect your rights. For example, your case may be dismissed because you did not file a required document, pay a fee on time, attend a meeting or hearing, or cooperate with the court, case trustee, U.S. trustee, bankruptcy administrator, or audit firm if your case is selected for audit. If that happens, you could lose your right to file another case, or you may lose protections, including the benefit of the automatic stay.				
		courf. Even if you plan to pa in your schedules. If you do property or properly claim it also deny you a discharge of case, such as destroying or cases are randomly audited	ty and debts in the schedules that you are required to file with the y a particular debt outside of your bankruptcy, you must list that debt not list a debt, the debt may not be discharged. If you do not list as exempt, you may not be able to keep the property. The judge can f all your debts if you do something dishonest in your bankruptcy hiding property, falsifying records, or lying. Individual bankruptcy to determine if debtors have been accurate, truthful, and complete.				
		hired an attorney. The court successful, you must be fam	n attorney, the court expects you to follow the rules as if you had will not treat you differently because you are filing for yourself. To be iliar with the United States Bankruptcy Code, the Federal Rules of he local rules of the court in which your case is filed. You must also emption laws that apply.				
		Are you aware that filing for bankruptcy is a serious action with long-term financial and legal consequences?					
		☐ No					
		Yes					
		inaccurate or incomplete, yo	cy fraud is a serious crime and that if your bankruptcy forms are u could be fined or imprisoned?				
		☐ No ☑ Yes					
		Did you pay or agree to pay	someone who is not an attorney to help you fill out your bankruptcy forms	?			
		Yes. Name of PersonAttach Bankruptcy Pe	ition Preparer's Notice, Declaration, and Signature (Official Form 119).				
		have read and understood the attorney may cause me to los	ge that I understand the risks involved in filing without an attorney. I is notice, and I am aware that filing a bankruptcy case without an see my rights or property if I do not properly handle the case.				
		Na Janyu /	nonden *				
		Signature of Debtor f	Signature of Debtor 2				
		Date 03(02/20) MM/ DD //YYYY	Date MM / DD / YYYY				
		Contact phone	Contact phone				
		Cell phone	Cell phone				

Email address

Email address _

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

In Re:

LATANYA

BROADEN

Debtor (s)

Case No.

Chapter 13

List of Creditors

COOK LAW MAGISTRATE - Chicago 50 W. WASHINGTON ST. RMI RICHARD JOALEY CENTER CHICAGO, IL 60602	PORTFOLIO RECOVERY 120 CORPORATE BLVD NOTFOLK, NA 23502
CREDIT ACCEPTANCE CORP RD. BOX 5070 SOUTH FIELD, MI 48084	PEDPLES GAS P.D. BOX 19100 GREENBAY, WI. 54307
NATION WIDE 3435 N. CICERO CHICAGO, IL 60641	T-MOBI <i>LE</i> P.D. BOX 742596 CINCINNATI, OH 45274
SAFCO 6300 HAZETINE NATSUITED ORLANDO, FL. 32822	P.OBOX 88292 Chicago Fl. 60680
AD ASTRA RECOVERY SERVICE 7330 W. 33rd St. NSTE118 WICHITA, KS 67205	BURNHAM MUNICIPAL

Case 17-06685 Doc 1 Filed 03/06/17 Entered 03/06/17 10:07:35 Desc Main Document Page 10 of 60

LATANYA **BROADEN** Debtor 1

Case 17-06685 Doc 1 Filed 03/06/17 Entered 03/06/17 10:07:35 Desc Main Document Page 11 of 60

Fill in this	information to identify you		
Debtor 1	LATANYA First Name A	BROADEN liddle Name l.ast Name	
Debtor 2 (Spouse, if filing	g) First Name A	liddle Name Läss Name	
United States	Bankruptcy Court for the: North	ern District of Illinois	
Case number	· F		☐ Check if this is an
······································	(if known)		amended filing
Official	Form 106Sum		
		ts and Liabilities and Certai	in Statistical Information 12/15
formation.	Fill out all of your schedule	le. If two married people are filing together, bot es first; then complete the information on this fo new <i>Summary</i> and check the box at the top of the	h are equally responsible for supplying correct orm. If you are filing amended schedules after you file his page.
antil: S	ummarize Your Assets		
			Your assets
			Value of what you own
	A/B: Property (Official Form 1	06A/B) Schedule A/B	\$
та. Сору г	ine 55, Total leal estate, itori	Scriedine A/B	· · · · · · · · · · · · · · · · · · ·
1b. Copy I	ine 62, Total personal proper	ty, from Schedule A/B	\$
1c. Copy li	ine 63, Total of all property or	n Schedule A/B	\$ 0-
art 2: S	ummarīze Your Liabiliti	es	the state of the s
			Your liabilities Amount you owe
Schedule i	D: Creditors Who Have Clain	as Secured by Property (Official Form 106D)	/ moditi you one
		A, Amount of claim, at the bottom of the last page of	of Part 1 of Schedule D\$
		secured Claims (Official Form 106E/F) riority unsecured claims) from line 6e of Schedule E	s <u>31479</u> ,9
зь. Copy ti	he total claims from Part 2 (n	onpriority unsecured claims) from line 6j of Schedul	ele E/F
			- 4
			Your total liabilities \$ 31479.97
art 3: Si	ummarize Your Income	and Expenses	L
Schedule I	: Your Income (Official Form	106l)	2712
Copy your	combined monthly income fr	om line 12 of Schedule I	\$ <u>A F1 3</u>
	J: Your Expenses (Official Fo		s <u>2743</u> s 2460
Copy your	monthly expenses from line	22c of Schedule J	\$ <u>227 (0()</u>

Case 17-06685 Doc 1 Filed 03/06/17 Entered 03/06/17 10:07:35 Desc Main Document Page 12 of 60

Debto	ж 1	LATANYA		BROADEN Car		ase number (# known)		
		First Name	Middle Name	Last Name		(i. 155425)	**************************************	
Part	:4:	Answer Th	ese Questions	for Administrative and S	Statistical Records			
6. A	re you	ı filing for ba	nkruptcy under	Chapters 7, 11, or 13?				
<u> </u>	No. Yes	You have not	hing to report on t	this part of the form. Check thi	s box and submit this fo	orm to the court with your othe	er schedules.	
7. W	hat ki	nd of debt do	you have?					
×	You fami	r debts are p ly, or househo	orimarily consum old purpose." 11 L	er debts. Consumer debts an U.S.C. § 101(8). Fill out lines 8	e those "incurred by an -9g for statistical purpo	individual primarily for a pers ses. 28 U.S.C. § 159.	onal,	
	Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.							
8. F (rom th orm 12	ne Statement 22A-1 Line 11	of Your Current ; OR, Form 122B	<i>Monthly Income</i> : Copy your t Line 11; OR , Form 122C-1 Lir	total current monthly inc ne 14.	come from Official	s 2743	
9. C d	opy the	e following s	pecial categories	s of claims from Part 4, line	6 of Schedule E/F:	Total claim		
i	From I	Part 4 on Scl	nedule E/F, copy	the following:				
9a	a. Dom	estic support	obligations (Copy	line 6a.)		\$		
9b	. Taxe	es and certain	other debts you o	we the government. (Copy lin	e 6b.)	\$		
9с	. Clain	ns for death o	r personal injury v	while you were intoxicated. (Co	opy line 6c.)	\$		
9d	i. Stude	ent loans. (Co	opy line 6f.)			\$		
9e		ations arising ity claims. (Co		on agreement or divorce that y	ou did not report as	\$		
9f.	Debt	s to pension o	or profit-sharing pl	ans, and other similar debts. (Copy line 6h.)	+ \$	1	
9g	. Total	I. Add lines 9a	a through 9f.			\$ 0-		

Filed 03/06/17 Entered 03/06/17 10:07:35 Desc Main Case 17-06685 Doc 1 Page 13 of 60 Document

Debtor 1	LATANYA	I	BROADEN
•	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
(Spouse, if filing)	First Name	Middle Name	Last Name
United States I	Bankruptcy Court for t	e: Northern District of II	linois
Case number			

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

	st in any residence, building, land, or similar prop	erty?	
No. Go to Part 2.			
Yes. Where is the property?			
Street address, if available, or other description	What is the property? Check all that apply. Single-family home Duplex or multi-unit building	Do not deduct secured ci the amount of any secure Creditors Who Have Clair	d claims on <i>Schedule D</i>
	Condominium or cooperative Manufactured or mobile home	Current value of the entire property?	Current value of the portion you own?
	Land	\$	\$
	Investment property	<u>.</u>	_
City State ZIP Code	☐ Timeshare ☐ Other	Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.	
	Who has an interest in the property? Check one.		
	Debtor 1 only		
County	Debtor 2 only		
	Debtor 1 and Debtor 2 only	Check if this is co	mmunity property
	At least one of the debtors and another	(see instructions)	
ou own or have more than one, list here:	Other information you wish to add about this it property identification number:		
	What is the property? Check all that apply.		
	☐ Single-family home	Do not deduct secured cla the amount of any secure	
	☐ Duplex or multi-unit building	Creditors Who Have Clair	ns Secured by Property.
Street address, if available, or other description	Condominium or cooperative Manufactured or mobile home	Current value of the entire property?	Current value of the portion you own?
	Land	\$	\$
	☐ Investment property		T
	☐ Timeshare	Describe the nature of	f your ownership
City State 7ID Code		interest (such as fee	simple, tenancy by
City State ZIP Code		the entireties, or a life	
City State ZIP Code	Other	the entireties, or a life	councy, it known.
City State ZIP Code	Other Other Check one.	the entireties, or a life	- Councy, ii known.
	☐ Other Check one. ☐ Debtor 1 only	the entireties, or a life	
City State ZIP Code	 □ Other Who has an interest in the property? Check one. □ Debtor 1 only □ Debtor 2 only 		
	☐ Other Check one. ☐ Debtor 1 only	Check if this is co	

Case 17-06685 Doc 1 Filed 03/06/17 Entered 03/06/17 10:07:35 Desc Main Document Page 14 of 60

Debtor 1	, LATANYA	BROADEN Case number		
JOE CO.		Name Case number	(II REQUEE)	
		NAME		
		What is the property? Check all that apply.		laims or exemptions. Put
1.3		Single-family home		ed claims on Schedule D: ims Secured by Property.
	Street address, if available, or other description			
		Condominium or cooperative	entire property?	Current value of the portion you own?
		Manufactured or mobile home		portion you own.
		Land	\$	\$
		Investment property	Describe the neture	-£
	City State ZIP C		Describe the nature interest (such as fee	
		Other	the entireties, or a li	
		Who has an interest in the property? Check one	1	****
		Debtor 1 only		
	County	Debtor 2 only		
		Debtor 1 and Debtor 2 only	Check if this is c	ommunity property
		At least one of the debtors and another	(see instructions)	onimosinty property
		ME At least one of the deotors and another		
		Other information you wish to add about this	item, such as local	
		property identification number:		
				1
Add	the dollar value of the portion you own t	or all of your entries from Part 1, including any entri	ies for pages	1_
o you ou own	own, lease, or have legal or equitable in that someone else drives. If you lease a vi	terest in any vehicles, whether they are registered on ehicle, also report it on Schedule G: Executory Contract	r not? Include any vehicle s and Unexpired Leases.	s
Cars	, vans, trucks, tractors, sport utility vehi	cles, motorcycles		
MN	lo	•		
	es			

3.1.	Make:	Who has an interest in the property? Check one	Do not deduct secured cl	aims or exemptions Dut
J.1.		Debtor 1 only	the amount of any secure	d claims on Schedule D:
	Model:	Debtor 2 only	Creditors Who Have Clair	ms Secured by Property.
	Year:	Debtor 1 and Debtor 2 only	Current value of the	Current value of the
	Approximate mileage:	At least one of the debtors and another	entire property?	
	Other information:	— Fit iduations of the debtors and another		portion you own?
	**************************************	☐ Check if this is community property (see	\$	pomon you own?
			Ψ	\$
	1	instructions)	*	
			*	
		instructions)	<u> </u>	
If you	own or have more than one, describe here	instructions)	*	
·	own or have more than one, describe here	instructions)		\$
·		instructions) Who has an interest in the property? Check one.	Do not deduct secured cla	\$aims or exemptions. Put
·	own or have more than one, describe here	instructions) Who has an interest in the property? Check one. Debtor 1 only		sams or exemptions. Put d claims on <i>Schedule D</i> .
·	own or have more than one, describe here	instructions) Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only	Do not deduct secured cla the amount of any secure Creditors Who Have Clain	sams or exemptions. Put d claims on Schedule D. ns Secured by Property.
·	own or have more than one, describe here Make: Model: Year:	instructions) Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	Do not deduct secured cla the amount of any secure	sams or exemptions. Put d claims on Schedule D. ns Secured by Property.
·	own or have more than one, describe here Make: Model: Year: Approximate mileage:	instructions) Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only	Do not deduct secured cla the amount of any secure Creditors Who Have Clain Current value of the	aims or exemptions. Put d claims on Schedule D: ns Secured by Property. Current value of the
•	own or have more than one, describe here Make: Model: Year:	instructions) Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	Do not deduct secured cla the amount of any secure Creditors Who Have Clain Current value of the	aims or exemptions. Put d claims on <i>Schedule D</i> : ns Secured by Property. Current value of the

Case 17-06685 Doc 1 Filed 03/06/17 Entered 03/06/17 10:07:35 Desc Main Page 15 of 60 Document LATANYA **BROADEN** Debtor 1 Case number (# known)_ First Name Muldle Name i asi Name Who has an interest in the property? Check one. 3.3. Make: Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D. Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Debtor 1 and Debtor 2 only Current value of the Current value of the entire property? portion you own? Approximate mileage: At least one of the debtors and another Other information: Check if this is community property (see instructions) Who has an interest in the property? Check one. Make: Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Current value of the Debtor 1 and Debtor 2 only Current value of the entire property? portion you own? Approximate mileage: At least one of the debtors and another Other information: Check if this is community property (see instructions) 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories Q No **Q** Yes Who has an interest in the property? Check one. Make: Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year* Debtor 1 and Debtor 2 only Current value of the Current value of the Other information: At least one of the debtors and another entire property? portion you own? ☐ Check if this is community property (see instructions) If you own or have more than one, list here: Who has an interest in the property? Check one. Make: Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Current value of the
Current value of the Debtor 1 and Debtor 2 only entire property? portion you own? Other information: At least one of the debtors and another

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here

instructions)

Check if this is community property (see

Case 17-06685

Doc 1

Filed 03/06/17 Entered 03/06/17 10:07:35 Desc Main Document Page 16 of 60

Debtor 1

LATANYA

BROADEN

First Name

Case number (if known)_

Part 3: Describe Your Personal and Household Items	
Do you own or have any legal or equitable interest in any of the following items?	Current value of the portion you own? Do not deduct secured claims or exemptions.
6. Household goods and furnishings	
Examples: Major appliances, furniture, linens, china, kitchenware	
Yes. Describe	\$ 2500.00
7. Electronics	
Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, s collections; electronic devices including cell phones, cameras, media players, games	scanners; music
□ No	
Yes. Describe	\$
8. Collectibles of value	
Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objections, coin, or baseball card collections; other collections, memorabilia, collectibles	jects;
☐ No ☐ Yes. Describe	
Tes. Describe	\$
9. Equipment for sports and hobbies	
Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf cluand kayaks; carpentry tools; musical instruments	ubs, skis; canoes
□ No	
Yes. Describe	\$
10. Firearms	
Examples: Pistols, rifles, shotguns, ammunition, and related equipment	
D No	
Yes. Describe	\$

11. Clothes	
Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories D No	
Yes. Describe	•
	Ψ
ro, Investor	
12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, w gold, silver	vatches, gems,
<u> </u>	en e
Yes, Describe	\$
13. Non-farm animals Examples: Dogs, cats, birds, horses	
□ No	
Yes. Describe	\$
4. Any other personal and household items you did not already list, including any health aids you	u did not list
No No	
Yes. Give specific PERSONAL PROPERTY	\$ 35 00.00 e attached \$ 6,000.00
5. Add the dollar value of all of your entries from Part 3, including any entries for pages you have	s 6,000.00

Case 17-06685 Doc 1 Filed 03/06/17 Entered 03/06/17 10:07:35 Desc Main Document Page 17 of 60

Dohine	4

LATANYA		BROADEN	Case number (# known)
First Name	Middle Name	Last Neme	

Do you own or have any	/ legal or equitable interest in	any of the following?		Current value of the portion you own? Do not deduct secured claims or exemptions.
	have in your wallet, in your hor	ne, in a safe deposit box, and on hand when you file	your petition	
No Yes			ash:	\$
		Ŭ	4000	\$
17. Deposits of money Examples: Checking, s and other s	savings, or other financial accou imilar institutions. If you have m	nts; certificates of deposit; shares in credit unions, to ultiple accounts with the same institution, list each.	orokerage houses,	
☐ Yes		Institution name:		
	17.1. Checking account:			\$
	17.2. Checking account:	PRESENCE AND ADDRESS OF THE PROPERTY OF THE PR		\$
	17.3. Savings account:	***************************************	***************************************	\$
	17.4. Savings account:			\$
	17.5. Certificates of deposit:			\$
	17.6. Other financial account:			\$
	17.7. Other financial account:			\$
	17.8. Other financial account:			\$
	17.9. Other financial account:	Addition to the state of the st		\$
Examples: Bond funds,	or publicly traded stocks investment accounts with broken	rage firms, money market accounts		
X No Yes	Inatibution or inques name:			
165	Institution or issuer name:			
	***************************************			\$
				\$ \$

9. Non-publicly traded st an LLC, partnership, a		ated and unincorporated businesses, including a	an interest in	
X No	Name of entity:	% :	of ownership:	
Yes. Give specific		09	•	\$
information about them		09		\$

0%

Case 17-06685 Doc 1 Filed 03/06/17 Entered 03/06/17 10:07:35 Desc Main Document Page 18 of 60

ebtor 1 LATANYA		BROADEN	Case number (# known)	
First Name	Middle Name	Last Name	And the second s	
Covernment and according	marata hamda and at	h	M. C.	
		her negotiable and non-negotial ecks, cashiers' checks, promissory		
Non-negotiable instru	ments are those you ca	annot transfer to someone by sign	ing or delivering them.	
M No				
☐ Yes. Give specific	Issuer name:			
information about them				\$
				\$
				\$
Retirement or pension		(01/k) 402/h) thrift touings associ	ants, or other pension or profit-sharing plans	
No	IIVA, LINIOA, Neogii, 4	o ((k), 405(b), thint savings accou	aris, or other pension or profit-sharing plans	
Yes. List each				
account separately	, Type of account:	Institution name:		
	401(k) or similar plan:			\$
	Pension plan:			\$
	IRA:			\$
	Retirement account:			•
	Keogh:			\$
		44-44-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-		\$
	Additional account:			\$
	Additional account:			\$
Security deposits and Your share of all unuse Examples: Agreements companies, or others No	d deposits you have n	nade so that you may continue ser id rent, public utilities (electric, gas	rvice or use from a company s, water), telecommunications	
☐ Yes	Ins	stitution name or individual:		
	Electric:	-		\$
	Gas:			\$
	Heating oil:			\$
	Security deposit on rer	ital unit:		\$
	Prepaid rent:			\$
	Telephone:			\$
	Water:			\$
	Rented furniture:	White the same and		\$
	Other:			\$
nnuities (A contract fo	ог a periodic payment o	of money to you, either for life or fo	or a number of years)	
No				
] Yes	Issuer name and des	cription:		
	***************************************			\$
				\$

Case 17-06685 Doc 1 Filed 03/06/17 Entered 03/06/17 10:07:35 Desc Main Document Page 19 of 60

Debtor 1	LATANYA	BROADEN	Case number (if known)	
CEDIO 1	First Name Mido	se Name Last Name	Case Humber (if known)	
24. interes t	ts in an education If	RA, in an account in a qualified ABLE program, or	r under a qualified state tuition program.	
26 U.S.	C. §§ 530(b)(1), 529			
⊠ No				
∟ J Yes		Institution name and description. Separately file the	ne records of any interests.11 U.S.C. § 521(c):
				\$
				\$
		M-14-14-14-14-14-14-14-14-14-14-14-14-14-		\$
25 Trusts.	equitable or future	interests in property (other than anything listed in	t line 1) and rights or nowers	
exercis	able for your benef	t	i me 1/3 and rights of powers	
🛛 No				
	. Give specific			
inioi	rmation about them			\$
26. Patents	s. copyrights, trader	narks, trade secrets, and other intellectual proper	rtv	
		ames, websites, proceeds from royalties and licensin	•	
X No				
	. Give specific			•
infor	rmation about them			\$
~ !!		Ab an easy and independent		
		other general intangibles exclusive licenses, cooperative association holdings,	liquor licenses, professional licenses	
⊠ No	oo. Danding pointing,	worders incorrectly comportant appendicular rotatings,	nquoi nociises, protessional nociises	
	. Give specific			1
	mation about them			\$
Aoney or p	property owed to yo	u?		Current value of the
				portion you own? Do not deduct secured
				claims or exemptions.
8. Tax refu	inds owed to you			
X No				
☐ Yes.	Give specific informa	ation	Federal:	\$
	about them, including you already filed the			
	and the tax years		State:	\$
			Local:	\$
9. Family s Example		sum alimony, spousal support, child support, mainten	oanca divorca sattiament proporty sattiame	ot .
≥ No	ss. r det uue ut turiip	ium aiimony, spousai support, ania support, maina:	ынсь, авопсе зещения, ргорену зещете	H
	Give specific informa	ation		
uni FCS.	Give specific informa	IBOH	Alimony:	\$
			Maintenance:	\$
			Support:	\$
			Divorce settlement:	\$
			Property settlement:	\$
D. Other ar Example	mounts someone ov es. Unpaid wages, dis Social Security be	ves you ability insurance payments, disability benefits, sick p nefits; unpaid loans you made to someone else	ay, vacation pay, workers' compensation,	
X No				
•	Give specific informa	ition	•	
				e

Case 17-06685 Doc 1 Filed 03/06/17 Entered 03/06/17 10:07:35 Desc Main Document Page 20 of 60

r	Debtor 1	LATANYA	BROADEN	Case aurabas	
	CDIO	First Name Middle Name	Lest Name	Case number (###owm)	
24	Inter				
31		rests in insurance policies noles: Health, disability, or life in	surance: health savings account (HS)	A); credit, homeowner's, or renter's insurance	
	X		out and the second of the seco	ty, oreal, noncouners, or remers insurance	
		es. Name the insurance compa	nv .		
		of each policy and list its val		Beneficiary:	Surrender or refund value:
					\$
					\$
					¢
20	Anus	intoront in nunnaturthet in der			Ψ
32	if vol	are the beneficiary of a living tr	you from someone who has died	ance policy, or are currently entitled to receive	
	prope	erty because someone has died.	·	and policy, or are carrently artified to receive	
	XXIV	lo			
	O Y	es. Give specific information			
					\$
33	Clain	ns against third parties, wheth	er or not you have filed a lawsuit o	r made a demand for payment	
	Exan	nples: Accidents, employment di	sputes, insurance claims, or rights to	sue	
	X	lo			
	Q Y	es. Describe each claim			
					\$
34.	Other	r contingent and unliquidated toff claims	claims of every nature, including c	ounterclaims of the debtor and rights	
	XN				
		es. Describe each claim.			+ 5
		ed. Describe eden elden.			\$
or	A E	:	and the Pres		
33,	- /	inancial assets you did not alr	eady list		
	Z S.N	o es. Give specific information			
	1 1 mm	es. Give specific information	······		\$
			ntries from Part 4, including any er		
	tor Pa	art 4. Write that number here	•••••••••••••••••••••••••••••••••••••••	→	\$
	COLUMN TO STATE OF THE STATE OF	Mrts			
Pa	rt 5:	Describe Any Busine	ss-Related Property You O	wn or Have an Interest in. List any r	eal estate in Part 1.
	0				
			ultable interest in any business-rela	ated property?	
	•	o. Go to Part 6. es. Go to line 38.			
	Land Te	es. Go to line so.			
					Current value of the
					portion you own? Do not deduct secured claims
					or exemptions.
38.	Accou	ınts receivable or commission	s you already earned		
,	X No)			
	☐ Ye	es. Describe			
					\$
		equipment, furnishings, and			
			tware, modems, printers, copiers, fax mach	nines, rugs, telephones, desks, chairs, electronic devices	
	XXI No	the state of the s		· · · · · · · · · · · · · · · · · · ·	
	LLIY∈	es. Describe			\$

Case 17-06685 Doc 1 Filed 03/06/17 Entered 03/06/17 10:07:35 Desc Main Document Page 21 of 60

Debtor 1	LATANYA	BROADEN	Case number (if known)	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	First Name	Middle Name Last Name	Case Hullings (It wiews)	
_	ery, fixtures, e	quipment, supplies you use in business, and tools (of your trade	
XQ No			***************************************	N + 6
☐ Yes	s. Describe			\$
				V (
41. Invento	ory			
X No			e e e	
☐ Yes	Describe			\$
. /	ts in partnersh	ps or joint ventures		
No.				
∟i Yes	Describe	Name of entity:	% of ownership:	
			%	\$
			-%	\$
			%	\$
43. Custom	ner lists, mailin	g lists, or other compilations		
X No	,-	,,,,		
Yes	. Do your lists	nclude personally identifiable information (as define	ed in 11 U.S.C. § 101(41A))?	
	☐ No			
	Yes. Desc	ibe		e.
				<u> </u>
	siness-related	property you did not already list		
X No				
	. Give specific			\$
***************************************				\$
				\$
				\$
				*
				\$
				\$
		fall of your entries from Part 5, including any entrie		\$
for Part	5. Write that n	umber here	→	7
Part 6:	Docariba Ar	v Torre and Communial Ciabian Datated Bu-	manter Vary Orem as Have as Informed I	_
raito.		y Farm- and Commercial Fishing-Related Pro have an interest in farmland, list it in Part 1.	perty You Own or have an interest i	n.
	• • • • • • • • • • • • • • • • • • • •			
		y legal or equitable interest in any farm- or commer	cial fishing-related property?	
	Go to Part 7. Go to line 47.			
LLI 165.	Go to line 47.			
				Current value of the portion you own?
				Do not deduct secured claims
47. Farm an	nimale			or exemptions.
		ultry, farm-raised fish		
□ No		•,		
				•

Case 17-06685 Doc 1 Filed 03/06/17 Entered 03/06/17 10:07:35 Desc Main Document Page 22 of 60

LATANYA BROADEN Debtor 1 Case number (if known) First Name 48. Crops-either growing or harvested Q No Yes. Give specific information..... 49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade ON No ☐ Yes..... 50. Farm and fishing supplies, chemicals, and feed ☐ No Q Yes..... 51. Any farm- and commercial fishing-related property you did not already list ☐ No ☐ Yes. Give specific information..... 52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here Pari 74 Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership X No Yes. Give specific information..... 54. Add the dollar value of all of your entries from Part 7. Write that number here Part 8. List the Totals of Each Part of this Form 55 Part 1: Total real estate, line 2 56. Part 2: Total vehicles, line 5 s 6,000.00 57. Part 3: Total personal and household items, line 15 58 Part 4: Total financial assets, line 36 59. Part 5: Total business-related property, line 45 60. Part 6: Total farm- and fishing-related property, line 52 61. Part 7: Total other property not listed, line 54 62. Total personal property. Add lines 56 through 61. Copy personal property total → +\$ 6,000.00 63. Total of all property on Schedule A/B. Add line 55 + fine 62.

Case 17-06685 Doc 1 Filed 03/06/17 Entered 03/06/17 10:07:35 Desc Main Document Page 23 of 60

Fill in th	nis informa	ation to identify	your case:								
Debtor 1	LATA	ANYA		BRO	ADEN						
	First Na	RIPS	Middle Name		Last Name	***************************************					
Debtor 2 (Spouse, #	filing) First Na	STRE	Middle Name		Last Name						
United St	ates Bankru	ptcy Court for the N	lorthern Distric	et of Illinois							
Case nun (if known)	nber				***************************************					Check if the	
Officia	al Forn	n 106C									
	· · · · · · · · · · · · · · · · · · ·		e Prop	erty	You	Claim	ı as Exe	mpt	•	0.	4/16
Be as com Using the space is n	nplete and property ye eeded, fill	accurate as poss ou listed on Sche	ible. If two man dule A/B: Prop this page as m	ried people erty (Official	are filing to Form 106.	ogether, both a A/B) as your s	are equally respon- source, list the prope e as necessary. O	sible for s	upplying com	exempt. If more	*************************************
specific d of any appretirement limits the	ollar amor plicable st t funds—r exemption limited to	unt as exempt. A atutory limit. So nay be unlimited	Alternatively, y me exemption in dollar amoun dollar amoun tatutory amou	you may clans—such as punt. Howe t and the valunt.	im the ful s those for ver, if you alue of the	l fair market r health aids, claim an exe	e exemption you value of the propi rights to receive emption of 100% of determined to exc	erty being certain b of fair ma	j exempted i enefits, and rket value ur	ip to the amount tax-exempt ider a law that	a t
☐ Y	ou are claí	ming state and fe ming federal exer by you list on Sc	nptions. 11 U.	S.C. § 522(t)(2)		(b)(3) information belov	v.			
		on of the property hat lists this prop		Current val		Amount of	the exemption you	claim	Specific law	s that allow exen	nption
				Copy the va- Schedule A		Check only	one box for each ex	emption.			
Brief	intian			\$		Q s				#.V.1V.	
Line f	iption: irom dule A/B:			***************************************		☐ 100% o	f fair market value, licable statutory lir				····
Brief descr	iption:			\$		0 \$				······	*****
Line f	•	THE PARTY OF THE P				☐ 100% o	f fair market value, dicable statutory lin	up to nit			
Brief descr	iption:		***************************************	\$		Q s					
Line f Sched	rom dule A/B:						f fair market value, licable statutory lin				
		g a homestead				s filed on or a	fter the date of adji	ustment.)			
O No	s. Did you No	acquire the prop	erty covered b	y the exemp	tion within	1,215 days be	efore you filed this	case?			

Case 17-06685 Doc 1 Filed 03/06/17 Entered 03/06/17 10:07:35 Desc Main Document Page 24 of 60

Debtor 1

LATANYA BROADEN

First Name Middle Name Last Name

Case number (# known)

Additional Page

Brief descripti on Schedule A	on of the property and line VB that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Check only one box for each exemption	
Brief description: Line from Schedule A/B:		\$	☐ \$ ☐ 100% of fair market value, up to any applicable statutory limit	
Brief description: Line from Schedule A/B:		\$	□ \$ 100% of fair market value, up to any applicable statutory limit	
Brief description: Line from Schedule A/B:		\$	□ s □ 100% of fair market value, up to any applicable statutory limit	
Brief description: Line from Schedule A/B:		\$	□ \$ 100% of fair market value, up to any applicable statutory limit	
Brief description: Line from Schedule A/B:		\$	□ \$ □ 100% of fair market value, up to any applicable statutory limit	
Brief description: Line from Schedule A/B:		\$	\$ 100% of fair market value, up to any applicable statutory limit	
Brief description: Line from Schedule A/B:		\$	□ \$ □ 100% of fair market value, up to any applicable statutory limit	
Brief description: Line from Schedule A/B:	**************************************	\$	□ \$ □ 100% of fair market value, up to any applicable statutory limit	THE COMPANY OF STATE
Brief description: Line from Schedule A/B:		\$	\$ \$ 100% of fair market value, up to any applicable statutory limit	
Brief description: Line from Schedule A/B:		\$	\$ 100% of fair market value, up to any applicable statutory limit	
Brief description: Line from Schedule A/B:		\$	\$ \$ 100% of fair market value, up to any applicable statutory limit	
Brief description: Line from Schedule A/B:		\$	□ \$ 100% of fair market value, up to any applicable statutory limit	

Case 17-06685 Doc 1 Filed 03/06/17 Entered 03/06/17 10:07:35 Desc Main Document Page 25 of 60

Fill in this information to identify your ca	ise:			
LATANYA	BROADEN			
Debtor 2 (Spouse, if filing) First Name Middle	o Name Last Name			
United States Bankruptcy Court for the: Northern	n District of Illinois			
Check if this is an amended filing Check if				
Debtor 1 LATANYA Little Name Lata Na				
Debtor 1 Protection Street				
Calcate LaTANYA SHOADEN Debtor Trainvase Wissensiane Debtor Case number Debtor Case number Debtor Case number Debtor Case number Debtor Debtor Case number Debtor D				
Schedule D: Creditor	rs Who Have Claims Secur	ed by Pro	pertv	12/15
Celebra List All Secured Claims List A				
Part 1: List All Secured Claims 2. List all secured claims. If a creditor has for each claim. If more than one creditor	more than one secured claim, list the creditor separately has a particular claim, list the other creditors in Part 2.	Column A Amount of claim	Column B Value of collateral	Unsecured
	habetical order according to the creditor's name.		claim	if any
Public Anna	Describe the property that secures the claim:	\$	\$	\$
Creditor's Name				
	Contingent	:		
,	☐ Disputed			

	 An agreement you made (such as mortgage or secured car loan) 			
•	uras.			
At least one of the debtors and another				
	Uner (including a right to offset)	•		
-	Last 4 digits of account number			
2.2		\$	\$	\$
Creditor's Name				
Number Street	-			
	11.7			
City State ZIP Code				
Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known). 1. Do any creditors have claims secured by your property? A No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form. 1. Do any creditors have claims secured by your property? A No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form. 1. Do any creditors have claims secured by your property? A No. Check this the creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the creditor's name. 2. List All secured claims. If a creditor has more than one secured claim, list the creditor's name. 2. List all secured claims. If a creditor has more than one secured claim, list the creditor's name. 2. List all secured claims. If a creditor has more than one secured claim, list the creditor shame. 3. Column A Amount of claim for each claim. If more than one creditor has a particular claim, list the creditor's name. 2. List all secured claims. If a creditor has more than one creditor has particular claim. It the creditor shame has particular claim. It the creditor's name. 2. List all secured claims. 3. Secured than a property that secures the claim: 5. Secured that apply. Contingent Condition's Name Number Street As of the date you file, the claim is: Check all that apply. Condition's Name Number Street As of the date you file, the claim is: Check all that apply. Condition's Name Number Street As of the date you file, the claim is: Check all that apply. Configuration of the claim relates to a community debt Debter 1 and Debter 2 only Configuration				
Celebra List All Secured Claims List A				
	car loan)			
Check if this claim relates to a				
·	Last 4 digits of account number			
	The state of the s	\$		****

Case 17-06685 Doc 1 Filed 03/06/17 Entered 03/06/17 10:07:35 Desc Main Document Page 26 of 60

Debtor 1 LATANYA	BROADEN Case ou	mber (ir known)		
First Name Middle Name	Last Name	The state of the s		
Additional Page After listing any entries on this by 2.4, and so forth.	page, number them beginning with 2.3, followed	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
	Describe the property that secures the claim:	\$	\$	\$
Creditor's Name		***		
Number Street	<u></u>			
	An of the data was file the state in Ot all 11th			
	 As of the date you file, the claim is: Check all that apply Contingent 	-		
City State ZIP Code	Unliquidated			
	☐ Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only	An agreement you made (such as mortgage or secured			
Debtor 2 only Debtor 1 and Debtor 2 only	car loan) Statutory lien (such as tax lien, mechanic's lien)			
At least one of the debtors and another	Judgment lien from a lawsuit			
☐ Check if this claim relates to a	Other (including a right to offset)			
community debt				
Date debt was incurred	Last 4 digits of account number			
Creditor's Name	Describe the property that secures the claim:	\$	\$	\$
3.53.67.3 (13.75)				
Number Street				
	As of the date you file, the claim is: Check all that apply. — — Contingent			
	Unliquidated			
City State ZIP Code	☐ Disputed			
Who owes the debt? Check one.	Nature of Ilen. Check all that apply.			
Debtor 1 only Debtor 2 only	An agreement you made (such as mortgage or secured			
Debtor 1 and Debtor 2 only	car loan) Statutory lien (such as tax lien, mechanic's lien)			
At least one of the debtors and another	Judgment lien from a lawsuit			
Check if this claim relates to a community debt	Other (including a right to offset)	••		
Date debt was incurred	Last 4 digits of account number			
· · · ·				
Creditor's Name	Describe the property that secures the claim:	\$	\$\$	
CIECUTO S PISTO		•		
Number Street	•			
WHAT A STATE OF THE STATE OF TH	As of the date you file, the claim is: Check all that apply.	!		
	☐ Contingent			
City State ZIP Code	Unliquidated Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only	An agreement you made (such as mortgage or secured			
Debtor 2 only Debtor 1 and Debtor 2 only	car loan) Statutory lien (such as tax lien, mechanic's fien)			
At least one of the debtors and another	Judgment lien from a lawsuit			
☐ Check if this claim relates to a community debt	Other (including a right to offset)			
Date debt was incurred	Last 4 digits of account number			
			:	
	s in Column A on this page. Write that number here:	\$		
If this is the last page of your form, Write that number here:	, add the dollar value totals from all pages.	\$		

Case 17-06685 Doc 1 Filed 03/06/17 Entered 03/06/17 10:07:35 Desc Main Document Page 27 of 60

Case number a receive. List Others to Be Notified for a Dobt That You Already Listed Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1, and then list the collection agency he you have more than one creditor for any of the debts that you listed in Part 1, isnt the additional creditors here. If you do not have additibe notified for any debts in Part 1, do not fill out or submit this page. On which line in Part 1 did you enter the creditor? Name Number Street City State ZIP Code On which line in Part 1 did you enter the creditor? Name Case number a receive in Part 1, for example, if a continuation of the debts that you listed in Part 1, is the additional creditors here. If you do not have additibe notified for any debts in Part 1, do not fill out or submit this page. On which line in Part 1 did you enter the creditor? Last 4 digits of account number City State ZIP Code On which line in Part 1 did you enter the creditor? Last 4 digits of account number Last 4 digits of account number Case State ZIP Code On which line in Part 1 did you enter the creditor? Last 4 digits of account number Number Street City State ZIP Code On which line in Part 1 did you enter the creditor? Last 4 digits of account number	
Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency he you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional creditors here. If you are the cr	
agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency he you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have addition be notified for any debts in Part 1, do not fill out or submit this page. On which line in Part 1 did you enter the creditor? Last 4 digits of account number	***
Number Street City State ZIP Code On which line in Part 1 did you enter the creditor? Name Number Street City State ZIP Code On which line in Part 1 did you enter the creditor? Last 4 digits of account number	ra Similarly if
Number Street City State ZIP Code On which line in Part 1 did you enter the creditor? Last 4 digits of account number	
City State ZIP Code On which line in Part 1 did you enter the creditor? Last 4 digits of account number	
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Number Street City State ZIP Code On which line in Part 1 did you enter the creditor? Last 4 digits of account number	
City State ZIP Code On which line in Part 1 did you enter the creditor? Name Last 4 digits of account number	
On which line in Part 1 did you enter the creditor? Last 4 digits of account number Number Street City State ZiP Code On which line in Part 1 did you enter the creditor?	
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Name Last 4 digits of account number Number Street City State Z/P Code On which line in Part 1 did you enter the creditor?	
Name Last 4 digits of account number Number Street City State Z/P Code On which line in Part 1 did you enter the creditor?	
City State ZIP Code On which line in Part 1 did you enter the creditor? _	
On which line in Part 1 did you enter the creditor? _	
On which line in Part 1 did you enter the creditor? _	
On which line in Part 1 did you enter the creditor? _	
Number Street	
City State ZIP Code	
On which line in Part 1 did you enter the creditor?	
Name Last 4 digits of account number	
Number Street	
City State ZIP Code	

Case 17-06685 Doc 1 Filed 03/06/17 Entered 03/06/17 10:07:35 Desc Main Document Page 28 of 60

F	ill in this ir	formation to id	lentify your case:					
	ebtor 1	LATANYA		BROADEN				
"	epto: :	First Name	Middle Name	Lasi Name				
	ebtor 2 Spouse, if filing)	First Name	Middle Name	Last Name				
U	nited States	Bankruptcy Court t	for the: Northern District of	Illinois			Char	k if this is an
	ase number f known)							nded filing
<u>O</u>	fficial F	orm 106	E/F					
S	chedi	ule E/F:	Creditors W	ho Have Unsec	ured Clair	ns		12/15
Lis A/E cre nee any	t the other 3: Property ditors with eded, copy y additiona	party to any ex (Official Form partially secur the Part you no I pages, write y	xecutory contracts or un 106A/B) and on <i>Schedul</i> red claims that are listed		lt in a claim. Also li Unexpired Leases (Have Claims Secu	st executory cor Official Form 10 red by Property.	ntracts on Se 6G). Do not i If more spac	chedule include any ce is
						/		
1.	No. Go	•	iority unsecured claims	aganist your				
	Yes.							
2.	each claim nonpriority unsecured	listed, identify v amounts. As mo claims, fill out the	what type of claim it is. If a uch as possible, list the cla he Continuation Page of P	ditor has more than one priority u claim has both priority and nonp aims in alphabetical order accord art 1. If more than one creditor h	riority amounts, list the ing to the creditor's r olds a particular clain	nat claim here and name. If you have	f show both p more than tw	oriority and o priority
	(For an ex	planation of eac	h type of claim, see the in:	structions for this form in the instr	uction booklet.)	Total claim	Priority	Nonpriority
	n						amount	amount
2.1	Cook	Law Maa	ustrate	Last 4 digits of account number	4394	\$ 2522	\$	\$
	Priority Cred	litor's Name	06 TONST. Rm1	When was the debt incurred?	03/2014			
	Number	Street	DALEY CENTER		ŧ			
	Abica	ara J. L	THE COLLER	As of the date you file, the claim	is: Check all that appl	y.		
	City	40 +	State ZIP Code	Contingent Unliquidated				
	Who incu	irred the debt?	Check one.	Disputed				
	Debtor	-		•				
	Debtor	*		Type of PRIORITY unsecured	claim:			
	Parties.	r 1 and Debtor 2 or st one of the debto		Domestic support obligations				
			for a community debt	Taxes and certain other debts y				
			_	Claims for death or personal injuintoxicated	ıry while you were			
	Is the cla	im subject to of	iset?	Other. Specify		~		
	Yes							
2.2	Cred	11+ Accep	tance CORP	Last 4 digits of account number	7946	\$ 13162	\$	
		00x 50"		When was the debt incurred?	01/2015			
	5	·		As of the date you file, the claim	is: Check all that appl	y.		
	Sou	thfield	MI 48086	Contingent Unliquidated				
	Mina inau	arred the debt?	Chock one	Disputed				
	Debtor		Official Office.					
	G Debtor			Type of PRIORITY unsecured	ciaim:			
	Debtor	r 1 and Debtor 2 or	•	Domestic support obligations Taxes and certain other debts ye	nii nive the anvamment			
		st one of the debto		Claims for death or personal inju				
	☐ Checl	k If this claim is	for a community debt	intoxicated	ary wine jou were			
		im subject to of	fset?	Other. Specify	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_		
	Ma No ☐ Yes							

Case 17-06685 Doc 1 Filed 03/06/17 Entered 03/06/17 10:07:35 Desc Main

				Document	Page 29 of 60			
		LATANYA		BROADEN				
Debtor	r 1		Mode Name Last Name		Case number in k	(nown)		
Pant	1:	Your PRIORI	TY Unsecured Claims	s — Continuation I	Page			
After	listing	any entries on	this page, number then	n beginning with 2.3	, followed by 2.4, and so forth.	. Total claim	Priority amount	Nonpriority amount
	SA	FOD		Last 4 digits of acc	count number 159	s 1236°C	> •	\$
Ī	Priority C	reditor's Name	-				· •	- Y
1	000 Number	O Hazzel +	ine Nat Suite	When was the deb	t incurred? DI 2013			
-				As of the date you	file, the claim is: Check all that ap	oply.		
J	OR	LANDO	FL. 32822	Contingent				
C	City		State ZIP Code	Unliquidated Disputed				
V	Who in	curred the debt?	Check one.	■ Disputed				
		tor 1 only		Type of PRIORITY	f unsecured claim:			
		tor 2 only tor 1 and Debtor 2	oniu	Domestic suppor				
		ast one of the debt			n other debts you owe the governme	nt		
			s for a community debt	Claims for death intoxicated	or personal injury while you were			
•	- Cite	CK II (IIIS CIGIIII IS	s for a community dept	Other, Specify_		~~~		
		laim subject to o	offset?					
	No							
	☐ Yes					-		4
	AD	ASTRA	RECOVERY	1 mak # 31_11_ ne	count number <u>6208</u>	s 1313	\$	¢
Ē	riority Cr	editor's Name	ś			\$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Ψ	. 4
, ,	732	50 W. 3.	3rd St. NSTE II	8When was the deb	tincurred? 09 2015			
_		Oncer		As of the date you	file, the claim is: Check all that ap	pły.		
,	1411	HITA	KS 1.1705	Contingent				
ō	ity	<u></u>	State ZIP Code	Unliquidated				
14	Adhan ina	curred the debt?	Observations	Disputed				
		or 1 only	Check one.	Type of PRIORITY	unsecured claim:			
		or 2 only		*				
		or 1 and Debtor 2	only	Domestic suppor	t obligations 3 other debts you owe the governmer	nt.		
	At le	ast one of the debt	ors and another		or personal injury while you were	at .		
C	Che	ck if this claim is	for a community debt	intoxicated Other, Specify	, , , , ,			
is	s the cl	laim subject to o	ffset?	Curier, Specisy				
	No.							
	Yes							
	Dan	IGNIA 8	Lecoveru		ount number 802	\$ 679	•	
P	riority Co		ecovery	Last 4 digits of acc	ount number	\$ 600	\$	\$
1	2b lumber	Coppon	ate BLVD.	When was the debt	incurred? 12 2015			
(4	idi ibei	Succe		As of the date you	file, the claim is: Check all that app	alv		
	Λ(Λ.	~C~IV	V/N 175 00	Contingent	, and oranic to: Onton an erac app			
ਰ	ity	TUIR	State ZIP Code	Unliquidated				
				☐ Disputed				
	,	curred the debt?	Check one.	Tuna at belonies	isponented alaim-			
y		or 1 only or 2 only		Type of PRIORITY				
,				Domestic support	obligations			

Is the claim subject to offset?

Debtor 1 and Debtor 2 only

At least one of the debtors and another

 $oldsymbol{\square}$ Check if this claim is for a community debt

₩No

Official Form 106E/F

intoxicated

Other, Specify_

Taxes and certain other debts you owe the government

Claims for death or personal injury while you were

Case 17-06685 Doc 1 Filed 03/06/17 Entered 03/06/17 10:07:35 Desc Main Document Page 30 of 60

Debtor 1

BROADEN

Case number (# known)_

, t	Your PRIORITY Unsecured Claims	: — Continuation Page			
Aft	er listing any entries on this page, number them	beginning with 2.3, followed by 2.4, and so forth.	Total claim	Priority amount	Nonpriority amount
	Plop LS GAS Priority Cleditor's Name	Last 4 digits of account number $\frac{7838}{4450}$	<u>\$4380,58</u>	3	\$
	P.D.BOX 19100 Number Street	When was the debt incurred? $\frac{4/2015}{}$			
		As of the date you file, the claim is: Check all that apply.			
	Green Bay WI 54307 City State ZIP Code	Contingent Unliquidated Disputed			
	Who incurred the debt? Check one.	Town of PRIORITY			
	Debtor 1 only Debtor 2 only	Type of PRIORITY unsecured claim:			
	Debtor 1 and Debtor 2 only	Domestic support obligations			
	At least one of the debtors and another	Taxes and certain other debts you owe the government Claims for death or personal injury while you were			
	☐ Check if this claim is for a community debt	intoxicated			
	Is the claim subject to offset?	Other. Specify			
	M No				
	☐ Yes				
	Burnham Municipal Priority Creditor's Name	Last 4 digits of account number 6097	\$ 250.00	\$	\$
	14450 Manistre Ave	When was the debt incurred? $12/2015$			
		As of the date you file, the claim is: Check all that apply.			
	Burnham II 10/4033	X Contingent			
	City State ZIP Code	☐ Unliquidated			
	Who incurred the debt? Check one.	☐ Disputed			
	Debtor 1 only	Type of BRIODITY apparated alaims			
	Debtor 2 only	Type of PRIORITY unsecured claim:			
	Debtor 1 and Debtor 2 only	Domestic support obligations			
	At least one of the debtors and another	Taxes and certain other debts you owe the government Claims for death or personal injury while you were			
	Check if this claim is for a community debt	intoxicated Other. Specify			
	is the claim subject to offset?				
	№ No				
	Yes				
	T-Mobile	Last 4 digits of account number 1 452	\$ 737.39 s	8	\$
	Priority Creditor's Name P.D. Box 142596	When was the debt incurred? 1/2015			
	Number Street	As of the date you file, the claim is: Check all that apply.			
	A 100 1 1 1 1 1 1 5071				
	City State ZIP Code	Contingent Unliquidated			
		Disputed			
	Who incurred the debt? Check one.	,			
	Debtor 1 only	Type of PRIORITY unsecured claim:			
	Debtor 2 only Debtor 1 and Debtor 2 only	Domestic support obligations			
	Dector 1 and Dector 2 only At least one of the dectors and another	Taxes and certain other debts you owe the government			
		Claims for death or personal injury while you were intoxicated			
	Check if this claim is for a community debt	Other. Specify			•
	is the claim subject to offset?				
	™ No				
	□ vaa				

Case 17-06685 Doc 1 Filed 03/06/17 Entered 03/06/17 10:07:35 Desc Main Document Page 31 of 60

BROADEN

Case number (# known)_

al Pla	Your PRIORITY Unsecured Claims	- Continuation Page			
Aft	er listing any entries on this page, number them	beginning with 2.3, followed by 2.4, and so forth.	Total claim	Priority amount	Nonpriority amount
	CITY OF CHICAGO Priority Circletor's Name	Last 4 digits of account number <u>O D 9</u> <u>1</u>	\$ <u>8200.9</u>	x) \$	\$
	DEPARTMENT OF FINANCE	When was the debt incurred? 1/2014			
	P.DBOX 88292	As of the date you file, the claim is: Check all that apply.			
	Chicago FL 60600 State ZIP Code	Contingent Unliquidated Disputed			
	Who incurred the debt? Check one.				
	Debtor 1 only	Type of PRIORITY unsecured claim:			
	Debtor 2 only Debtor 1 and Debtor 2 only	Domestic support obligations			
	At least one of the debtors and another	Taxes and certain other debts you owe the government			
	Check if this claim is for a community debt	Claims for death or personal injury while you were intoxicated			
		Other. Specify			
	Is the claim subject to offset?				
	No Pes				
			_	_	
	Priority Creditor's Name	Last 4 digits of account number	\$	\$	\$
	Number Street	When was the debt incurred?			
		As of the date you file, the claim is: Check all that apply.			
		☐ Contingent			
	City State ZIP Code	Uniliquidated			
		Disputed			
	Who incurred the debt? Check one.	·			
	Debtor 1 only	Type of PRIORITY unsecured claim:			
	Debtor 2 only	Domestic support obligations			
	Debtor 1 and Debtor 2 only	☐ Taxes and certain other debts you owe the government			
	At least one of the debtors and another	Claims for death or personal injury white you were			
	☐ Check if this claim is for a community debt	intoxicated			
	is the claim subject to offset?	Other Specify			
	□ No				
	☐ Yes				
	— 17 .				
	Priority Creditor's Name	Last 4 digits of account number	\$	\$	\$
		When was the debt incurred?			
	Number Street	As of the date you file, the claim is: Check all that apply.			
		_			
	City State ZIP Code	Contingent Unliquidated			
	City State ZIP Code	Disputed			
	Who incurred the debt? Check one.	Lisputed			
	Debtor 1 only	Type of PRIORITY unsecured claim:			
	Debtor 2 only	Domestic support obligations			
	Debtor 1 and Debtor 2 only	Taxes and certain other debts you owe the government			
	At least one of the debtors and another	Claims for death or personal injury while you were			
	☐ Check if this claim is for a community debt	intoxicated Other. Specify			
	Is the claim subject to offset?				
	☐ No				
	☐ Yes				

Entered 03/06/17 10:07:35 Desc Main Case 17-06685 Doc 1 Filed 03/06/17

Page 32 of 60 Document

LATANYA BROADEN Debtor 1 Case number (# known)_ First Name Middle Name

3. Do any creditors have nonpriority unsecured claims against you? No. You have nothing to report in this part. Submit this form to the court with your other schedules. Yes

List All of Your NONPRIORITY Unsecured Claims

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

				Total claim
4.1			Last 4 digits of account number	
	Nonpriority Creditor's Name		When was the debt incurred?	\$
	Number Street			
	City State	ZIP Code	As of the date you file, the claim is: Check all that apply.	
			Contingent	
	Who incurred the debt? Check one.		Unliquidated	
	Debtor 1 only		☐ Disputed	
	Debtor 2 only		·	
	Debtor 1 and Debtor 2 only		Type of NONPRIORITY unsecured claim:	
	☐ At least one of the debtors and another			
			Student loans	
	☐ Check if this claim is for a community debt	:	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	is the claim subject to offset?		Debts to pension or profit-sharing plans, and other similar debts	•
	□ No		Other. Specify	
	☐ Yes			
	en de la companya de			
4.2			Last 4 digits of account number	\$
	Nonpriority Creditor's Name		When was the debt incurred?	
	Number Street		 As of the date you file, the claim is: Check all that apply. 	
	City State	ZiP Code	•	
	•		Contingent	
	Who incurred the debt? Check one.		Unliquidated	
	Debtor 1 only		☐ Disputed	
	Debtor 2 only			
	Debtor 1 and Debtor 2 only		Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and another		Student loans	
	☐ Check if this claim is for a community debt		 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
	Is the claim subject to offset?		Debts to pension or profit-sharing plans, and other similar debts	
	□ No		Other. Specify	
	☐ Yes		2 4 44 44 44 44 44 44 44 44 44 44 44 44	
4.3			Last 4 digits of account number	
	Nonpriority Creditor's Name			\$
	Number Street	~~~~~	When was the debt incurred?	
	-		- As of the date you file, the claim is: Check all that apply.	
	City State	ZIP Code		
	Who incurred the debt? Check one.		Contingent	
	Debtor 1 only		Unliquidated	
	Debtor 2 only		☐ Disputed	
	Debtor 1 and Debtor 2 only			
			Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and another		☐ Student loans	
	Check if this claim is for a community debt		Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	Is the claim subject to offset?			
	☐ No		Debts to pension or profit-sharing plans, and other similar debts	
	Yes		Other, Specify	

Document

Case 17-06685 Doc 1 Filed 03/06/17 Entered 03/06/17 10:07:35 Desc Main Page 33 of 60

Debtor 1

LATANYA

BROADEN

Case number (if known)_

	Page 1997		
44 T	7-4		2.5
M -	#5 I		
200	فسدة	-	Service.

Your NONPRIORITY Unsecured Claims - Continuation Page

£ast Name

er listing any entries on this page, number them beginning w	vith 4.4, followed by 4.5, and so forth.	Total cl
	Last 4 digits of account number	•
Nonpriority Creditor's Name	When was the debt incurred?	\$
Number Street	As of the date you file, the claim is: Check all that apply.	
City State ZIP Code	Contingent Unliquidated	
Who incurred the debt? Check one.	Disputed	
Debtor 1 only Debtor 2 only	Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only	Student loans	
☐ At least one of the debtors and another	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
☐ Check if this claim is for a community debt	Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to offset?	Other. Specify	
Yes		
Nonpriority Creditor's Name	Last 4 digits of account number	\$
	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
City State ZIP Code	Contingent Unliquidated	
Who incurred the debt? Check one.	Disputed	
Debtor 1 only	— 5.054.04	
Debtor 2 only	Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only		
At least one of the debtors and another	Student loans	
At least title of the deptots and another	Obligations arising out of a separation agreement or divorce that	
☐ Check if this claim is for a community debt	you did not report as priority claims	
Is the claim subject to offset?	Debts to pension or profit-sharing plans, and other similar debts	
□ No	Other. Specify	
Yes		****
	Last 4 digits of account number	\$
Nonpriority Creditor's Name	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
City State ZIP Code	Contingent	
Who incurred the debt? Check one.	☐ Unliquidated ☐ Disputed	
Debtor 1 only	горинов	
Debtor 2 only	Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only		
At least one of the debtors and another At least one of the debtors and another	Student loans	
- /// loggrotte of the depiols and allowed	Obligations arising out of a separation agreement or divorce that	
☐ Check if this claim is for a community debt	you did not report as priority claims	
is the claim subject to offset?	Debts to pension or profit-sharing plans, and other similar debts	
	Other. Specify	
□ No		

Case 17-06685 Doc 1 Filed 03/06/17

Document

Entered 03/06/17 10:07:35 Desc Main Page 34 of 60

Debtor 1

LATANYA

BROADEN

Case number (# known)_

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

			On which entry in Part 1 or Part 2 did you list the original creditor?
Name			Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number	Street		Part 2: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
			, ,
***************************************		**************************************	Last 4 digits of account number
City	State	ZIP Code	
Name			On which entry in Part 1 or Part 2 did you list the original creditor?
			Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number	Street		☐ Part 2: Creditors with Nonpriority Unsecured
***************************************		THE RESERVE OF THE PARTY OF THE	Claims
City	State	ZIP Code	Last 4 digits of account number
City	· · · · · · · · · · · · · · · · ·	211 0000	
Name			On which entry in Part 1 or Part 2 did you list the original creditor?
			Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number	Street		Part 2: Creditors with Nonpriority Unsecured
			Claims
	***************************************		Last 4 digits of account number
City	State	ZIP Code	
Name			On which entry in Part 1 or Part 2 did you list the original creditor?
			Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number	Street		☐ Part 2: Creditors with Nonpriority Unsecured
			Claims
City	State	ZIP Code	Last 4 digits of account number
OILY	Zrare	ZIP Code	
Name			On which entry in Part 1 or Part 2 did you list the original creditor?
			Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number	Street		☐ Part 2: Creditors with Nonpriority Unsecured
		***************************************	Claims
Cit.	Ole	TID O	Last 4 digits of account number
City	State	ZIP Code	On which was to both a
Name			On which entry in Part 1 or Part 2 did you list the original creditor?
			Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number	Street		☐ Part 2: Creditors with Nonpriority Unsecured
			Claims
City	State	ZIP Code	Last 4 digits of account number
J. I.		ZIF COGE	
Name			On which entry in Part 1 or Part 2 did you list the original creditor?
			Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number	Street		Part 2: Creditors with Nonpriority Unsecured
		·	Claims
City	State	ZIP Code	Last 4 digits of account number

Case 17-06685 Doc 1 Filed 03/06/17 Document

Entered 03/06/17 10:07:35 Desc Main Page 35 of 60

Debtor 1

LATANYA

BROADEN

Case number (if known)__

Part 4:

Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts-of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

		Total claim
Total claims	6a. Domestic support obligations	6a.
from Part 1	6b. Taxes and certain other debts you owe the government	6b.
	6c. Claims for death or personal injury while you were intoxicated	6c. \$
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. + _{\$} 31, 479,97
	6e. Total . Add lines 6a through 6d.	6e. s 31, 479.97
		Total claim
Total claims	6f. Student loans	6f.
rom Part 2	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. \$
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. \$
	 Other. Add all other nonpriority unsecured claims. Write that amount here. 	6i. + §
	6j. Total. Add lines 6f through 6i.	6j. s

Case 17-06685 Doc 1 Filed 03/06/17 Entered 03/06/17 10:07:35 Desc Main Document Page 36 of 60

Fill in this in	iformation to iden	tify your case:	
Debtor	LATANYA	BROADEN	
-	First Name	Middle Name	Last Name
Debtor 2 (Spouse If filing)	First Name	Middle Name	Last Name
United States &	Bankruptcy Court for the	ne: Northern District of II	linois
Case number			***************************************
(If known)			

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- Do you have any executory contracts or unexpired leases?

 No. Check this have and file this forward to the contract of the contract o
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.

 Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease 2.1 Name Number Street City State ZIP Code 2.2 Name Number Street City ZIP Code 2.3 Name Number City State ZIP Code 2.4 Name Number City State ZIP Code 2.5 Name Number City State ZIP Code

State what the contract or lease is for

Case 17-06685 Doc 1 Filed 03/06/17 Entered 03/06/17 10:07:35 Desc Main Document Page 37 of 60

ebtor 1	LA	TANYA		BROADEN	Case number (# known)
30(0)	F	rst Name Mide	lle Name	Last Name	Table 1 (1990)
	A	dditional Pag	e if You Ha	ave More Contracts or Leases	
Per	rson o	r company with	whom you	have the contract or lease	What the contract or lease is for
_					
Nan	me				
Nun	mber	Street			
City		***************************************	State	ZiP Code	
	<i>‡</i>		State	ZIF Gode	
Nan	ne				
	mber	Street			
City	/		State	ZIP Code	
Nan	ne		***************************************		
Nun	mber	Street			
City	/		State	ZIP Code	
ı					
Nan	ne				
Nun	mber	Street		<u> </u>	
City			State	ZIP Code	
	,		Ciaic	211 0000	
Nam	ne				
		· · · · · · · · · · · · · · · · · · ·			
Nun	nber	Street			
City	/		State	ZIP Code	
Nam	ne				
Nun	nber	Street			
City	/		State	ZIP Code	
Nam	ne				
Num	nber	Street			
City			State	ZIP Code	
Nan	ne				
		Ctrest			
	nber	Street			
City	/		State	ZIP Code	

Case 17-06685 Doc 1 Filed 03/06/17 Entered 03/06/17 10:07:35 Desc Main Document Page 38 of 60

Fill in this information to identify your case:	
Debtor 1 LATANYA BROADEN	
First Name Middle Name Last Na	me
Debtor 2 (Spouse, if filing) First Name Middle Name Last Na	ne
United States Bankruptcy Court for the: Northern District of Illinois	
Case number (if known)	
(I KICWI)	Check if this is an
Official Farms 40011	amended filing
Official Form 106H	
Schedule H: Your Codebtors	12/15
and number the entries in the boxes on the left. Attach the Addition case number (if known). Answer every question. 1. Do you have any codebtors? (If you are fifing a joint case, do not were also as a codebtors?) Yes	
Anzona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto	y state or territory? (Community property states and territories include or Rico, Texas, Washington, and Wisconsin.)
No. Go to line 3.	
Yes. Did your spouse, former spouse, or legal equivalent live w	vith you at the time?
□ No □ You In which community state as to wife and id as I'. D	****
Tes. at which containing state of territory did you live?	. Fill in the name and current address of that person.
None of the control o	
Name of your spouse, former spouse, or legal equivalent	
Number Street	
City State	ZIP Code
3. In Column 1, list all of your codebtors. Do not include your spo shown in line 2 again as a codebtor only if that person is a guz Schedule D (Official Form 106D), Schedule E/F (Official Form 1 Schedule E/F, or Schedule G to fill out Column 2.	ouse as a codebtor if your spouse is filing with you. List the person arantor or cosigner. Make sure you have listed the creditor on 106E/F), or Schedule G (Official Form 106G). Use Schedule D,
Column 1: Your codebtor	Column 2: The creditor to whom you owe the debt
3.1	Check all schedules that apply:
Name	Schedule D, line
Number Street	☐ Schedule E/F, line
Number Street	☐ Schedule G, line
City State	ZIP Code
3.2	Schedule D, line
Name	Schedule E/F, line
Number Street	☐ Schedule G, line
City State	ZIP Code
3.3	All VOGE
Name	Schedule D, line
Number Street	Schedule E/F, line
Number Street	☐ Schedule G, line
City State	ZIP Code

Case 17-06685 Doc 1 Filed 03/06/17 Entered 03/06/17 10:07:35 Desc Main Document Page 39 of 60

Debto	or 1	LATANYA	BROADEN		Case number (# known)
		First Name Middle Name	Last Name		
		Additional Page to Li	st More Codebtors		
	Columi	1: Your codebtor			Column 2: The creditor to whom you owe the debt
3					Check all schedules that apply:
L	Name	***************************************			Schedule D, line
					☐ Schedule E/F, line
	Number	Street		***************************************	□ Schedule G, line
·	City	44,444	State	ZiP Code	
3					
	Name		***************************************		Schedule D, line
					Schedule E/F, line
	Number	Street			Schedule G, line
·	City		State	ZIP Code	
3	-				Schedule D, line
	Name				Schedule E/F, line
	Number	Street			Schedule G, line
	Rumber	Gueer			— odredale o, into
	City		State	ZIP Code	
3					Schedule D, line
	Name				Schedule E/F, line
	Number	Street			Schedule G, line
	1401115/61	Street			School S, in C
	City	**************************************	State	ZIP Code	more
3	None				Schedule D, line
	Name				☐ Schedule E/F, line
	Number	Street			☐ Schedule G, line
, 7	City		State	ZIP Code	
3	Name				Schedule D, line
	TVEING				☐ Schedule E/F, line
	Number	Street	***************************************	A Hall William Control of the Contro	Schedule G, line
	City		State	ZIP Code	description
5	Carly .		Citate	ZIP COGG	
	Name				Schedule D, line
					☐ Schedule E/F, line
	Number	Street			Schedule G, line
······	City		State	ZIP Code	
لت					Ch Cabaduta D. F.
	Name				Schedule D, line
		********* <u>-</u>	····		Schedule E/F, line
	Number	Street			Schedule G, line
	City		State	ZIP Code	

Fill in this	information to identify	your case;					
	LATANYA	BRC	ADEN				
Debtor 1	First Name	Middie Name	Last Name				
Debtor 2 (Spouse, if filin	g) First Name	Middle Name	Last Name				
United State	s Bankruptcy Court for the:	Northern District of Illinois					
Case numbe	r				Check if	this is:	
(If known)					_	nended filing	
	· · · · · · · · · · · · · · · · · · ·				🔲 🔲 A sup	pplement showing postpet ne as of the following date	
	orm 106l				MM /	DD / YYYY	
Sche	dule I: You	ir Income					12/15
iupplying c f you are se	orrect information. If ye eparated and your spou	ou are married and not fi use is not filing with you top of any additional pa	ling jointly, and yo do not include in	our spoi formation	use is living with on about your sp	tor 2), both are equally resp you, include information al ouse. If more space is need known). Answer every que	out your spouse ed, attach a
Fill in yo informat	ur employment ion.		Debtor 1	Samuel Constitution of the State of the Stat	\$49\$2KU/SZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZ	Debtor 2 or non-filling	spouse
attach a	ve more than one job, separate page with on about additional rs.	Employment status	Employed Not employ	red		☐ Employed ☐ Not employed	
self-empl	part-time, seasonal, or loyed work.	Occupation	Teacher A	ssist	ant /SECI	4	
	on may include student maker, if it applies.	Employer's name	Chicag		ublic Scho	ok	
		Employer's address	42 W. Number Street	Mo	dison	Number Street	
			Chicag	O T		City Sta	te ZIP Code
		How long employed the	ere? <u>15</u>				
Part 2:	Give Details About	Monthly Income					
	monthly income as of nless you are separated		m. If you have noth	ing to re	port for any line, v	rite \$0 in the space. Include	your non-filing
		ive more than one employ tach a separate sheet to t		ormation	for all employers	for that person on the lines	
				4,11	For Debtor 1	For Debtor 2 or non-filing spouse	
		ary, and commissions (b calculate what the monthl		2.	s 2900	\$	
3. Estimat	e and list monthly over	time pay.		3. 4	-\$_ <i>O</i>	+ \$	
4. Calcula	te gross income. Add li	ne 2 + line 3.		4.	s <u>2900</u>	\$	

Case 17-06685 Doc 1 Filed 03/06/17 Entered 03/06/17 10:07:35 Desc Main Document Page 41 of 60

Debtor 1	LATANYA	BROADEN		Case number (# ki	incwn)		
	First Name Middle Name	Last Name					
				For Debtor 1		For Debtor 2 or non-filing spouse	
Сору	/ line 4 here		≯ 4.	s 29000	B	\$	
5. List a	ill payroll deductions:						
5a. `	Tax, Medicare, and Social S	ecurity deductions	5a.	\$		\$	
5b. l	Mandatory contributions for	r retirement plans	5b.	\$		\$	
5c. \	Voluntary contributions for	retirement plans	5c.	\$		\$	
5d. I	Required repayments of reti	irement fund loans	5d.	\$		\$	
5e. i	Insurance		5e.	\$		\$	
5f. 1	Domestic support obligation	าร	5f.	\$		\$	
5g. l	Union dues		5g.	\$	•	\$	
5h. (Other deductions. Specify: _	**************************************	5h.	+\$	+	· \$	
6. Add	the payroll deductions. Add	l lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h.	6.	\$		\$	
7. Calc	ulate total monthly take-hor	ne pay. Subtract line 6 from line 4.	7.	\$		\$	
8. Lista	all other income regularly re	ceived:					
	Net income from rental prop profession, or farm	erty and from operating a business,					
r		operty and business showing gross ary business expenses, and the total	8a.	\$		\$	
	nterest and dividends		8b.	¢		\$	
8c. F		at you, a non-filing spouse, or a depende		Ψ		Ψ	
	nclude alimony, spousal supp settlement, and property settle	ort, child support, maintenance, divorce ment.	8c.	\$		\$	
8d. L	Jnemployment compensation	on	8d.	\$		\$	
8e. S	Social Security		8e.	\$		\$	
lr ti		ne value (if known) of any non-cash assistan stamps (benefits under the Supplemental	ce				
S			8f.	\$		\$	
8g. P	ension or retirement incom		8g.	\$		\$	
8h. C	Other monthly income. Speci	ify:	8h.	+\$	4	~ \$	
9. Adda	all other income. Add lines 8	a + 8b + 8c + 8d + 8e + 8f +8g + 8h.	9.	\$		\$	274-2
	late monthly income. Add ling ne entries in line 10 for Debtor	ne 7 + line 9. 1 and Debtor 2 or non-filing spouse.	10.	\$	+	\$	= \$ 2900-83
Includ		ns to the expenses that you list in Sched rried partner, members of your household, y			mmat	es, and other	*************************************
		r included in lines 2-10 or amounts that are r	not av	ailable to pay expen	ses li:	sted in Schedule J.	
Specif	fy:					11. 1	· \$
		n of line 10 to the amount in line 11. The of Your Assets and Liabilities and Certain S					\$ 2900.00
		crease within the year after you file this fo	orm?				Combined monthly income
¥Z(N	lo. es. Explain:						

Case 17-06685 Doc 1 Filed 03/06/17 Entered 03/06/17 10:07:35 Desc Main Document Page 42 of 60

Fill in t	his information to identif	y your case:			
Debtor 1	LATANYA	BROADEN			
Debtor 2	First Name	Middle Name Last Name	Check if th		
	if filing) First Name	Middle Name Last Name		ended filing	stpetition chapter 13
United S	tates Bankruptcy Court for the	Northern District of Illinois		ses as of the followin	
Case nu (If known			MM / Di	D/ YYYY	
Officia	al Form 106J		**************************************		
		ur Expenses			12/15
informati	mplete and accurate as p on. If more space is need i). Answer every question	ossible. If two married people are fili led, attach another sheet to this form I.	ing together, both are equally r n. On the top of any additional p	esponsible for supply pages, write your nam	ying correct ne and case number
Part 1:	Describe Your Ho	usehold			
1. Is this	a joint case?			****	
,	Go to line 2. s. Does Debtor 2 live in a	separate household?			
	☐ No ☐ Yes. Debtor 2 must fi	le Official Form 106J-2, Expenses for S	Separate Household of Debtor 2		
2. Do you	have dependents?	□ No			
_	list Debtor 1 and	Yes. Fill out this information for each dependent	Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
Do not names.	state the dependents'		Daugnter	14	☐ No ※ Yes
			Daughter	10	□ No
			0	1	Yes
			Daughter	<u> </u>	U No M⊠Oyes
			U		□ No
				*	Yes
			No.		□ No □ Yes
expens	r expenses include es of people other than f and your dependents?	No Yes			
Part 2:	Estimate Your Ongoi	ng Monthly Expenses			
Estimate y expenses applicable	as of a date after the ban	bankruptcy filing date unless you ar kruptcy is filed. If this is a suppleme	re using this form as a supplen ntal <i>Schedule J</i> , check the box	nent in a Chapter 13 o at the top of the forn	ase to report n and fill in the
		-cash government assistance if you			
		it on Schedule I: Your Income (Offic	•	Your expe	
	ntal or home ownership ent for the ground or lot.	xpenses for your residence. Include t	first mortgage payments and	4. \$ le D	0.00
	ncluded in line 4:				
_	eal estate taxes	antor's insurance			
	roperty, homeowner's, or re ome maintenance, repair, a				
	omeowner's association or	•			
		OUTSOTTH HUME MUVO		4d. \$	

Schedule J: Your Expenses

page 1

Official Form 106J

Case 17-06685 Doc 1 Filed 03/06/17 Entered 03/06/17 10:07:35 Desc Main Document Page 43 of 60

Debtor 1 LATANYA BROADEN Case number (if known)

			Your expenses
5.	Additional mortgage payments for your residence, such as home equity loans	5.	\$
6.	Utilities:		
	6a. Electricity, heat, natural gas	6a.	s 275.00
	6b. Water, sewer, garbage collection	6b.	\$ O
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	s 250.00
	6d. Other Specify:	6d.	\$
7.	Food and housekeeping supplies	7.	\$ 450.00
8.	Childcare and children's education costs	8.	\$ 125.00
9.	Clothing, laundry, and dry cleaning	9.	s 120.00
10.	Personal care products and services	10.	s 50.00
11.	Medical and dental expenses	11.	s 90.00
12.	Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12.	s 490.00
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$
4.	Charitable contributions and religious donations	14.	\$
15.	Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.		
	15a. Life insurance	15a.	\$
	15b. Health insurance	15b.	\$
	15c. Vehicle insurance	15c.	\$
	15d. Other insurance. Specify:	15d.	\$
6.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:	16.	\$
7.	Installment or lease payments:		
	17a. Car payments for Vehicle 1	17a.	\$
	17b. Car payments for Vehicle 2	17b.	\$
	17c. Other. Specify:	17c.	\$
	17d. Other. Specify:	17d.	\$
8.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	\$
9.	Other payments you make to support others who do not live with you.		
	Specify:	19.	\$
20.	Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Incom	ie.	
	20a. Mortgages on other property	20a.	\$
	20b. Real estate taxes	20b.	\$
	20c. Property, homeowner's, or renter's insurance	20c.	\$
	20d. Maintenance, repair, and upkeep expenses	20d.	\$
	20e Homeowner's association or condominium dues	20e.	\$

Case 17-06685 Doc 1 Filed 03/06/17 Entered 03/06/17 10:07:35 Desc Main Document Page 44 of 60

Debtor		BROADEN	Case number (if known)	
21. Ot	First Name Middle Nan	ne Last Name	21.	+\$
22. Ca	culate your monthly expen	nses.		er men e
228	a. Add lines 4 through 21.		22a .	s 2,460
221	o. Copy line 22 (monthly expe	enses for Debtor 2), if any, from Official Form 106.	J-2 22b.	\$
220	c. Add line 22a and 22b. The	result is your monthly expenses.	22c.	\$
23. Calc	ulate your monthly net inc	come.		EX 2213
23a.	Copy line 12 (your combin	ed monthly income) from Schedule I.	23a .	s #100 2143
23b.	Copy your monthly expens	ses from line 22c above.	23b.	-s 2460
23c.	Subtract your monthly exp The result is your <i>monthly</i>	enses from your monthly income. net income.	23c.	588440 283

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?



☐ Yes.

Explain here:

Case 17-06685 Doc 1 Filed 03/06/17 Entered 03/06/17 10:07:35 Desc Main Document Page 45 of 60

Fill in th	is information to identify	your case:			
Debtor 1	LATANYA First Name	BROADEN	Check if this	e ie:	
Debtor 2	r itst Name	Middle Name Last Name			
(Spouse, if t	Bing) First Name	Middle Name Last Name	An amen	-	tpetition chapter 13
United Sta	ites Bankruptcy Court for the:	Northern District of Illinois		s as of the followin	
Case num (If known)	ber	AD TO THE POST OF	MM / DD /	/ YYYY	
Officia	l Form 106J-2	-			
Sche	edule J-2: E	xpenses for Sepa	rate Household	of Debtor	2 12/15
Debtor 2 h only with a needed, at question.	eave one or more depend respect to expenses for l tach another sheet to thi	nte household expenses ONLY IF De lents in common, list the dependent Debtor 2 that are not reported on Sc is form. On the top of any additional	s on both Schedule J and this fo hedule J. Be as complete and ac	orm. Answer the qui ccurate as possible.	estions on this form If more space is
Part 1:	Describe Your Hou	sehold			
\ <i>\</i>	and Debtor 1 maintain se	parate households?			
-	o. Do not complete this for es	rm.			
2. Do you	have dependents?	□ No	Dependent's relationship to	Danaudaudla	Proceedings of the Co.
	st Debtor 1 but list all	Yes. Fill out this information for	Debtor 2:	Dependent's age	Does dependent live with you?
regardle	pendents of Debtor 2 ss of whether listed as a	each dependent	enterestronica (Chemical Administrativelent Sentente Administrative American America	Чибова у тако в Атеты и бакова истова и	□ No
depende Scheduk	ent of Debtor 1 on a J.				Yes
Do not s	tate the dependents'			***************************************	□ No
names.					☐ Yes ☐ No
				***************************************	Q Yes
					☐ No
					☐ Yes
					□ No
_					☐ Yes
expense	expenses include s of people other than , your dependents, and ?	☐ No ☐ Yes			
Part 2:	Estimate Your Ongoi	ng Monthly Expenses			
		bankruptcy filing date unless you a	re using this form as a suppleme	ent in a Chanter 13 /	race to report
	as of a date after the ban		ie using uns roun as a suppleme	entin a Chapter 13 t	ase to report
	•	-cash government assistance if you		Va	
		it on Schedule I: Your Income (Offic	•	Your expe	NS 68
any ren	t for the ground or lot.	xpenses for your residence. Include	first mortgage payments and	4. \$	**************************************
	cluded in line 4:				
	eal estate taxes	ontorio in a creuno			
	operty, homeowner's, or re				
	ome maintenance, repair, a			_	
4d. Ho	meowner's association or	condominium dues		4d. \$	

Case 17-06685 Doc 1 Filed 03/06/17 Entered 03/06/17 10:07:35 Desc Main Document Page 46 of 60

BROADEN

De	ebtor 1	LATANYA BROADEN Case number (if kno	wn)	
		First Name Middle Name Last Name		
				Your expenses
5.	Add	itional mortgage payments for your residence, such as home equity loans	5.	\$
6.	Utili	ities:		
	6a.	Electricity, heat, natural gas	6a.	\$
	6b.	Water, sewer, garbage collection	6b.	\$
	6c.	Telephone, cell phone, Internet, satellite, and cable services	6c.	\$
	6d.	Other. Specify:	6d.	\$
7.	Foo	d and housekeeping supplies	7.	\$
8.	Chil	dcare and children's education costs	8.	\$
9.	Clot	hing, laundry, and dry cleaning	9.	\$
10.	Pers	sonal care products and services	10.	\$
11.	Med	ical and dental expenses	11.	\$
12.		isportation. Include gas, maintenance, bus or train fare. of include car payments.	12.	\$
13.	Ente	ertainment, clubs, recreation, newspapers, magazines, and books	13.	\$
14.		ritable contributions and religious donations	14.	\$
15.		irance. not include insurance deducted from your pay or included in lines 4 or 20.		
	15a.	Life insurance	15a.	\$
	15b.	Health insurance	15b.	\$
	15c.	Vehicle insurance	15c.	\$
	15d.	Other insurance. Specify:	15d.	\$
16.		es. Do not include taxes deducted from your pay or included in lines 4 or 20.	16.	\$
17.	Insta	illment or lease payments:		
	17a.	Car payments for Vehicle 1	17a.	\$
	17b.	Car payments for Vehicle 2	17b.	\$
	17c.	Other. Specify:	17c.	\$
		Other. Specify:	17d.	\$
18.	Your your	payments of alimony, maintenance, and support that you did not report as deducted from pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	
1 9 .		r payments you make to support others who do not live with you.		\$
		fy:	19.	\$
		r real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income		<u> </u>
		Mortgages on other property	20a.	\$
		Real estate taxes		\$
		Property, homeowner's, or renter's insurance	20b. 20c.	
		Maintenance, repair, and upkeep expenses	20c. 20d.	\$ \$
		Homeowner's association or condominium dues	20a. 20e.	\$

LATANYA

Case 17-06685 Doc 1 Filed 03/06/17 Entered 03/06/17 10:07:35 Desc Main Document Page 47 of 60

D	ebtor 1	LATANYA		BROADEN	Case number of know	n).		
21.	Other.	First Name Specify:	Mistidie Name	Last Name		21.		
22.	The res	ult is the mon	nses. Add lines thly expenses of obtor 1 and Debto	Debtor 2. Copy the result to line	22b of Schedule J to calculate the	22.	\$ 	•
23.	Line not	used on this f	iom.					
24.	For exar	nple, do you e	expect to finish pa	se in your expenses within the ying for your car loan within the ase because of a modification to				
	No.	Explain he	ere:					

Case 17-06685 Doc 1 Filed 03/06/17 Entered 03/06/17 10:07:35 Desc Main Document Page 48 of 60

Fill in this in	formation to ideni	ify your case:			
Debtor 1	LATANYA	Į.	BROADEN		
•	First Name	Middle Name	i.ast Name		
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name		
United States I	Bankruptcy Court for t	he: Northern District of II	linois		
Case number					
	***************************************		V		Check if this is an amended filing
Officia	Form 106	Dec			
Decl	aration	About an I	Individual	Debtor's Schedules	12/15
If two marr	ied people are filir	ng together, both are e	qually responsible fo	r supplying correct information.	
You must f	ile this form when noney or property	ever you file bankrupt by fraud in connection	cy schedules or amer n with a bankruptcy c	nded schedules. Making a false statement, conc ase can result in fines up to \$250,000, or impris	ealing property, or onment for up to 20
years, or b	oth. 18 U.S.C. §§ 1	52, 1341, 1519, and 35	71.		•
WEST					
	Sign Below				
Did you	pay or agree to p	ay someone who is NO	OT an attorney to help	you fill out bankruptcy forms?	
X No					
· _	Name of person	****		. Attach Bankruptcy Petition Preparer's Notice, Deck	aration, and
				Signature (Official Form 119).	
Under p that the	enalty of perjury, y are true and cor	I declare that I have re- rect.	ad the summary and	schedules filed with this declaration and	
V	\searrow				
Signatur	Jany	Pronda	Signature of Di	ebtor 2	
Date <u>(</u>	1 /		Data		
MI	DD // YYYY		MM / DD	/ YYYY	

Case 17-06685 Doc 1 Filed 03/06/17 Entered 03/06/17 10:07:35 Desc Main Document Page 49 of 60

ebtor 2	C:-+ \$1-		BROADEN	Y====	
	First Name	Middle Name	Last Name		
ouse, if filing)		Middle Name	Last Name	V V V V V V V V V V V V V V V V V V V	
	Bankruptcy Court fo	r the: Northern Distric	t of Illinois		
se number (nown)			***************************************		☐ Check if this is
", ", ", ", ", ", ", ", ", ", ", ", ", "			4.	MATERIAL COLUMN CONTRACTOR CONTRACTOR COLUMN	amended filing
	Form 107	w			
atem	ent of Fi	nancial Aff	airs for Indiv	viduals Filing for B	ankruptcy 04
s comple	te and accurate f more snace is	as possible. If two n	narried people are filin	g together, both are equally respo rm. On the top of any additional pa	nsible for supplying correct
iber (if kn	own). Answer ev	ery question.	Jaraie Stieet to this to	mi. On the top of any additional pa	ges, write your name and case
	han Madalla Bb				
irit 11: G	ive Details Ab	out Your Marital :	Status and Where Y	ou Lived Before	
What is y	our current mari	tal status?			
☐ Marrie	кф				
- IVICILISE	· u				
	_				
Not m	arried				
Not m	arried	ave you lived anywh	ere other than where y	rou live now?	
During the	arried				
During the No	arried		are other than where y 3 years. Do not include Dates Debtor 1	e where you live now.	Dates Debtor 2
During the No	e last 3 years, ha		3 years. Do not include		Dates Debtor 2 lived there
Not m During the No Yes. L	e last 3 years, ha		3 years. Do not include Dates Debtor 1	e where you live now.	
Not m During the No Yes. L Debt	arried e last 3 years, ha ist all of the place tor 1:		3 years. Do not include Dates Debtor 1	e where you live now. Debtor 2:	lived there Same as Debto
During the No	arried e last 3 years, ha ist all of the place tor 1:		3 years. Do not include Dates Debtor 1 lived there	e where you live now. Debtor 2:	lived there
Not m During the No Yes. L Debt	arried e last 3 years, ha ist all of the place tor 1:		3 years. Do not include Dates Debtor 1 lived there From	Debtor 2: Same as Debtor 1	lived there Same as Debto From
Not m During the No Yes. L Debt	arried e last 3 years, ha ist all of the place tor 1:		3 years. Do not include Dates Debtor 1 lived there From	Debtor 2: Same as Debtor 1 Number Street	lived there Same as Debto From To
Not m During the No Yes. L Debri	arried e last 3 years, ha ist all of the place tor 1:	es you lived in the last	3 years. Do not include Dates Debtor 1 lived there From	Debtor 2: Same as Debtor 1 Number Street City State	Iived there Same as Debto From To ZIP Code
Not m During the No Ves. L Debri	arried e last 3 years, ha ist all of the place tor 1:	es you lived in the last	3 years. Do not include Dates Debtor 1 lived there From To	Debtor 2: Same as Debtor 1 Number Street	lived there Same as Debto From To
Not m During the No Ves. L Debt	arried e last 3 years, ha ist all of the place tor 1:	es you lived in the last	3 years. Do not include Dates Debtor 1 lived there From To From	Debtor 2: Same as Debtor 1 Number Street City State	Iived there Same as Debto From To ZIP Code Same as Debto From
During the No Yes. L Debt	arried e last 3 years, ha ist all of the place tor 1:	es you lived in the last	3 years. Do not include Dates Debtor 1 lived there From To	Debtor 2: Same as Debtor 1 Number Street City State	ilved there Same as Debto From To ZIP Code Same as Debto
Not m During the No Yes. L Debt	arried e last 3 years, ha ist all of the place tor 1:	es you lived in the last	3 years. Do not include Dates Debtor 1 lived there From To From	Debtor 2: Same as Debtor 1 Number Street City State	Iived there Same as Debto From To ZIP Code Same as Debto From

Official Form 107

Case 17-06685 Doc 1 Filed 03/06/17 Entered 03/06/17 10:07:35 Desc Main Document Page 50 of 60

Debtor 1	LATANYA	BROADEN	Case na	imber (if known)	
	First Name Middle Name Las	t Name		***************************************	
Fill	I you have any income from employme in the total amount of income you receive ou are filing a joint case and you have income. No Yes. Fill in the details.	d from all jobs and all bus	inesses, including part-ti	me activities.	endar years?
		Debtor 1		Debtor 2	
		Sources of income Check ail that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
	From January 1 of current year until the date you filed for bankruptcy:	Wages, commissions, bonuses, tipsOperating a business	\$	☐ Wages, commissions, bonuses, tips☐ Operating a business	\$
	For last calendar year:	Wages, commissions, bonuses, tips	\$	Wages, commissions, bonuses, tips	\$
	(January 1 to December 31,	Operating a business		Operating a business	*
	For the calendar year before that:	Wages, commissions, bonuses, tips		Wages, commissions, bonuses, tips	
	(January 1 to December 31, YYYY	Operating a business	\$	Operating a business	\$
gan	imployment, and other public benefit paym ibling and lottery winnings. If you are filing each source and the gross income from a	a joint case and you have	e income that you receive	ed together, list it only once	e under Debtor 1.
	Yes. Fill in the details.	Debtor 1		Debtor 2	
		Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)
	From January 1 of current year until		\$	**************************************	\$
	the date you filed for bankruptcy:		\$ \$	***************************************	\$
					5
	For last calendar year:				
	(January 1 to December 31,)				
	For the calendar year before that:		\$		\$
	(January 1 to December 31,)				\$
	YYYY		c		c

Case 17-06685 Doc 1 Filed 03/06/17 Entered 03/06/17 10:07:35 Desc Main Document Page 51 of 60

Debtor 1	LATANYA	BRC	ADEN	Case	number (if known)	
	First Name Middle Name	Last Name				
Part 3:	List Certain Payments	You Made Befor	re You Filed	for Bankruntcy		
6. Are ei	ther Debtor 1's or Debtor 2's	debts primarily co	onsumer deb	ts?		
X No	o. Neither Debtor 1 nor Debt "incurred by an individual p During the 90 days before y	rimarily for a person	nal, family, or t	ousehold purpose."		1(8) as
	No. Go to line 7.					
		aid that creditor. Do alimony. Also, do no	o not include p ot include payr	ayments for domestic si nents to an attomey for	upport obligations, such as this bankruptcy case.	
☐ Ye	es. Debtor 1 or Debtor 2 or bo	oth have primarily	consumer de	bts.		
	During the 90 days before y	ou filed for bankrup	otcy, did you p	ay any creditor a total of	\$600 or more?	
	No. Go to line 7.		٠			
	Yes. List below each or creditor. Do not incalimony. Also, do r	clude payments for o	domestic supp	\$600 or more and the to out obligations, such as bey for this bankruptcy ca	child support and	
			Dates of payment	Total amount paid	Amount you still owe	Was this payment for
	Creditor's Name Number Street			\$	\$	☐ Mortgage ☐ Car ☐ Credit card ☐ Loan repayment ☐ Suppliers or vendors
	City State	E ZIP Code				Other
	Creditor's Name			\$	\$	☐ Mortgage ☐ Car ☐ Credit card
	Number Street					Loan repayment Suppliers or vendors
	City State	3 ZIP Code				Other
	Creditor's Name			\$	\$	☐ Mortgage
	Number Street					☐ Credit card ☐ Loan repayment ☐ Suppliers or vendors
	City State	ZIP Code				Other

Case 17-06685 Doc 1 Filed 03/06/17 Entered 03/06/17 10:07:35 Desc Main Document Page 52 of 60

Debtor 1	LATANYA	BRO	DADEN		Case number (if known)	
000001	First Name Moddle	Nante Last Name		-	Oddo Harrinde (ii kiloyan)	
Insi con age suc	ders include your relative porations of which you a ont, including one for a bath as child support and a	re an officer, director, persousiness you operate as a so limony.	latives of any on in control, o	general partners; process of the commer of 20% or	partnerships of whic more of their voting	vho was an insider? h you are a general partner; securities; and any managing domestic support obligations,
	, , , , , , , , , , , , , , , , , , ,		Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
	Insider's Name		·····	\$	 \$	
	Number Street	e-de-llandski-ternet av talt i de de de de land af de				
	City	State ZIP Code				
	Insider's Name			\$. \$	
	Number Street		MOTOR STATE OF STATE			
	City	State ZIP Code				
an i Incli	nsider? ude payments on debts	guaranteed or cosigned by		ayments or trans	fer any property o	n account of a debt that benefited
	res. List all payments ti	iai belletilev ali tilsivet.	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
	Insider's Name		***************************************	\$	\$	
	Number Street		***************************************			
	City	State ZIP Code				
	Insider's Name			\$	\$	
	Number Street					
	City	State ZIP Code				

Case 17-06685 Doc 1 Filed 03/06/17 Entered 03/06/17 10:07:35 Desc Main Document Page 53 of 60

tor 1	LATANYA	В	ROADEN	Casa number (4)		
	First Name Middle Name	Last Name		Oddo Humbel (irkiiox	m	
	National State of Control of Control					
n A	<u> </u>					
List a	all such matters, including persicontract disputes.	onal injury cases	, small claims actions	lawsuit, court action, or adm divorces, collection suits, pate	inistrative proc rnity actions, su	eeding? oport or custody modification
) N	lo					
] Y	es. Fill in the details.					
		Natu	re of the case	Court or agency		Status of the cas
	Case title					Pending
	Case tine			Court Name		On appeal
•				Number Street		Concluded
1	Case number	*************				
				City Sta	te ZIP Code	
(Case title			Court Name	**************************************	Pending
				Coult Name		On appeal
-		····		Number Street		Concluded
(Case number					***************************************
				City Stat	te ZIP Code	
l Tt	es. Fill in the information below		Describe the prope	erty	Date	Value of the propert
	Creditor's Name				M	\$
	Number Street		Explain what happ	ened		
			☐ Property was			
			Property was			
	Oit.		Property was	=		
	City Sta	ate ZIP Code		s attached, seized, or fevied.		
			Describe the prope	erty	Date	Value of the proper
						\$
	Creditor's Name					
	Number Street		– Explain what happe	anad		
	**************************************		Property wasProperty was	repossessed. foreclosed.		
	City Sta	te ZIP Code	Property was	garnished.		
	, ,		Property was	attached, seized, or levied.		

Case 17-06685 Doc 1 Filed 03/06/17 Entered 03/06/17 10:07:35 Desc Main Document Page 54 of 60

LATANYA	BROADEN	Case number (if known	5)	
First Name Middle Name Last I	Name			
ithin 80 days hafara you filed for hankry	makan did ama madikan imatudisa	a family and financial tradition		
ithin 90 days before you filed for bankru counts or refuse to make a payment bec		a bank or financial institi	ution, set off any a	mounts from yo
No	•			
Yes. Fill in the details.				
	Describe the action the creditor	took	Date action	Amount
	- Describe the described the creditor		was taken	Amount
Creditor's Name				
Number Street	-			\$
aduper anest				
	-			
	_			
City State ZIP Code	Last 4 digits of account numbe	r: XXXX		
thin 1 year before you filed for bankrupto	cy, was any of your property in	the possession of an assi	ignee for the bene	fit of
editors, a court-appointed receiver, a cus	stodian, or another official?			
No Yes				
168				
List Certain Gifts and Contribut	tions			
hin 2 years before you filed for hanks you	ans attat sames artes and a state school	. 4 a 4 a 1	****	
hin 2 years before you filed for bankrupt	tcy, did you give any gifts with a	a total value of more than	\$600 per person?	
No	tcy, did you give any gifts with a	a total value of more than	\$600 per person?	
	tcy, did you give any gifts with a	a total value of more than	\$600 per person?	
No	tcy, did you give any gifts with a	a total value of more than		Value
'No Yes. Fill in the details for each gift.		a total value of more than	\$600 per person? Dates you gave the gifts	Value
'No Yes. Fill in the details for each gift. Gifts with a total value of more than \$600		a total value of more than	Dates you gave	Value
No Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person		a total value of more than	Dates you gave	Value \$
'No Yes. Fill in the details for each gift. Gifts with a total value of more than \$600		a total value of more than	Dates you gave	
No Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person		a total value of more than	Dates you gave	
Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift		a total value of more than	Dates you gave	\$
No Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person		a total value of more than	Dates you gave	\$
Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Number Street		a total value of more than	Dates you gave	\$
Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift		a total value of more than	Dates you gave	\$
Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Number Street		a total value of more than	Dates you gave	\$
Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Number Street City State ZIP Code		a total value of more than	Dates you gave	\$
Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Number Street City State ZIP Code Person's relationship to you Gifts with a total value of more than \$600		a total value of more than	Dates you gave the gifts	\$
Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Number Street City State ZIP Code Person's relationship to you	Describe the gifts	a total value of more than	Dates you gave the gifts	\$\$
Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Number Street City State ZIP Code Person's relationship to you Gifts with a total value of more than \$600	Describe the gifts	a total value of more than	Dates you gave the gifts	\$ \$ Value
Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Number Street City State ZIP Code Person's relationship to you Gifts with a total value of more than \$600	Describe the gifts	a total value of more than	Dates you gave the gifts	\$\$
Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Number Street City State ZIP Code Person's relationship to you Gifts with a total value of more than \$600 per person	Describe the gifts	a total value of more than	Dates you gave the gifts	\$ \$ Value
Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Number Street City State ZIP Code Person's relationship to you Gifts with a total value of more than \$600 per person	Describe the gifts	a total value of more than	Dates you gave the gifts	\$ \$ Value
Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Number Street City State ZIP Code Person's relationship to you Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift	Describe the gifts	a total value of more than	Dates you gave the gifts	\$ \$ Value
Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Number Street City State ZIP Code Person's relationship to you Gifts with a total value of more than \$600 per person	Describe the gifts	a total value of more than	Dates you gave the gifts	\$ \$ Value
Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Number Street City State ZIP Code Person's relationship to you Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift	Describe the gifts	a total value of more than	Dates you gave the gifts	\$ \$ Value

Case 17-06685 Doc 1 Filed 03/06/17 Entered 03/06/17 10:07:35 Desc Main Document Page 55 of 60

ebtor 1	LATANYA	BROADEN	Case number (if known)	
	First Name Middle Name	Last Name	· · · · · · · · · · · · · · · · · · ·	
u 15724	hin 9	alaman de la constanta de la c		
4. WIC		nkruptcy, did you give any gifts or cont	ributions with a total value of m	ore than \$600 to any charity?
	Yes. Fill in the details for each gift or	contribution.		
	Gifts or contributions to charities that total more than \$600	Describe what you contributed	Date contr	you Value ributed
	Charity's Name			\$
	About 19 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -	Sandradordere	Curtification 1	\$
	Number Street			
	City State ZiP Code	AND THE PARTY OF T		
art 6	List Certain Losses			
184141				A
	aster, or gambling?	cruptcy or since you filed for bankruptc	y, did you lose anything becaus	se of theft, fire, other
X	•			
/	No Yes. Fill in the details.			
	res. Fix in the details.			
	Describe the property you lost and how the loss occurred	Describe any insurance coverage for include the amount that insurance has claims on line 33 of Schedule A/B: Pro	paid. List pending insurance	of your Value of property lost
				\$
irit 7	List Cortoin Baymonts or T	'ranafara		
you	consulted about seeking bankrup	ruptcy, did you or anyone else acting o tcy or preparing a bankruptcy petition? n preparers, or credit counseling agencies	•	
X			• • • • • • • • • • • • • • • • • • • •	
,	Yes. Fill in the details.			
		Description and value of any proper		payment or Amount of payment fer was
	Person Who Was Paid		made	
	Number Street		an a	\$
		MARAJAN, A		\$
	City State ZIP Code	 e	-	
	Email or website address			
	Parent Who Made the Reyment if Not You	**********		

Case 17-06685 Doc 1 Filed 03/06/17 Entered 03/06/17 10:07:35 Desc Main Document Page 56 of 60

btor 1	LATANYA	BROADEN	Connection		
	First Name Middle Name Lust	Name	Case number (#known)		
		Description and value of any proper	ty transferred	Date payment or	Amount of
				transfer was made	payment
	Person Who Was Paid				
				No House years and a second second	\$
	Number Street				
				***************************************	\$
	City State ZIP Code				
	Email or website address				
	Person Who Made the Payment, if Not You				
Do no	nised to help you deal with your credit ot include any payment or transfer that yo to los. Fill in the details.		reunois:		
	es. i m in the details.				
		Description and value of any proper	y transferred	Date payment or transfer was	Amount of paym
	Person Who Was Paid			made	
	Number Street				Φ
	Number Street				\$e
					\$
	City State ZIP Code	tour did you sall touch as attached			\$
Withi	City State ZIP Code in 2 years before you filed for bankrup	tcy, did you sell, trade, or otherwis ousiness or financial affairs?	e transfer any property to	anyone, other tha	\$n property
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Case 17-06685 Doc 1 Filed 03/06/17 Entered 03/06/17 10:07:35 Desc Main Document Page 57 of 60

Debtor 1	LATANYA	BROADEN	Case number (if kr	nonen)	
	First Name Middle Name	Lost Name	Case number (six	(OWT)	***************************************
19. With	a beneficiary? (These are often ca	ankruptcy, did you transfer any prope lled asset-protection devices.)	rty to a self-settled tru	st or similar device of v	which you
	vo Yes. Fill in the details.				
		Description and value of the prope	erty transferred		Date transfer was made
1	Name of trust				
-		· ·			
Part 8:	List Certain Financial Acco	ounts, instruments, Safe Deposit	Boxes, and Storag	e Units	
	in 1 year before you filed for ban	kruptcy, were any financial accounts o			benefit,
clos	ed, sold, moved, or transferred?	arket, or other financial accounts; cert			
brok	erage houses, pension funds, co	operatives, associations, and other fi	nancial institutions.	area in surne; ereait ar	nona,
	lo 'es. Fill in the details.				
	es. I m in the tretails.	t and A states of a	.	_	
		Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
	Name of Financial Institution	XXXX	☐ Checking	***************************************	\$
	Number Street	**************************************	Savings		
			Money market		
	Cit. To O	ormanion sur	☐ Brokerage		
	City State ZIP Cod	de	Other		
	Name of Financial Institution	XXXX	Checking	·····	\$
	Total of Financial Hoteland		☐ Savings		
	Number Street		Money market		
			☐ Brokerage		
;	City State ZIP Cod	do.	Other		
	•	-			
secu	rities, cash, or other valuables?	hin 1 year before you filed for bankrup	tcy, any safe deposit I	oox or other depository	' for
O N	o es. Fill in the details.				
-	es. Pin in the details.	Who else had access to it?	Describe the	· contents	D431
		THO dist had access to it:	Describe the	e contents	Do you still have it?
					□ No
ì	Name of Financial Institution	Name	 		☐ Yes
ĭ	Number Street	Number Street			
		City State ZIP Code			
-	20.0	City State ZIP Code			

Case 17-06685 Doc 1 Filed 03/06/17 Entered 03/06/17 10:07:35 Desc Main Document Page 58 of 60

tor 1	LATANYA	BROADEN	Case number (if known)	
	First Name Middle Name £	ast Name	***************************************	
		it or place other than your home wit	hin 1 year before you filed for bankruptc	y?
No.	s. Fill in the details.			
ar re	s. rill in the details.	18/h = afan han an had a a a a a a a a a a	3	_
		Who else has or had access to it?	Describe the contents	Do you st have it?
				□ No
ì	Name of Storage Facility	Name		☐ Yes
1	Number Street	Number Street		
		City State ZIP Code		
;	City State ZIP Code	-		
,	City State ZIP Code			
191	Identify Property You Hold	or Control for Someone Else		
		someone else owns? Include any p	roperty you borrowed from, are storing f	or,
N Æ	ld in trust for someone.			
	o es. Fill in the details.			
	or i ai ai de	Where is the property?	Describe the property	Value
			beautiful the property	value
				_
7	Purparie Noma	•		
7	Owner's Name			\$
	Owner's Name Sumber Street	Number Street		\$
		Number Street		\$
ř -	Jumber Street		Code	\$
ř -			Code	\$
- - -	Number Street City State ZIP Code	. City State ZIP	Code	\$
i 1 10)	Sumber Street City State ZIP Code Give Details About Environ	City State ZIP Amental Information	Code	\$
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Case 17-06685 Doc 1 Filed 03/06/17 Entered 03/06/17 10:07:35 Desc Main Document Page 59 of 60

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Case number City State ZIP Code	On appe
Case number City State ZIP Code Give Details About Your Business or Connections to Any Business Citin 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time A member of a limited liability company (LLC) or limited liability partnership (LLP) A partner in a partnership An officer, director, or managing executive of a corporation	
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☐ A member of a limited liability company (LLC) or limited liability partnership (LLP) ☐ A partner in a partnership ☐ An officer, director, or managing executive of a corporation	y business?
A partner in a partnership An officer, director, or managing executive of a corporation	
An officer, director, or managing executive of a corporation	
An aumor of at least 50/ of the continuous auction as a continuous at a contin	
An owner of at least 5% of the voting or equity securities of a corporation	
No. None of the above applies. Go to Part 12.	
Yes. Check all that apply above and fill in the details below for each business.	
Describe the nature of the business Employer Identification nu	ımber
Business Name Do not include Social Section 2015	urity number or ITIN.
£1AL.	
Number Street	
Name of accountant or bookkeeper Dates business existed	
From To	
City State ZIP Code	
Describe the nature of the business Employer Identification nu	mber
Business Name Do not include Social Secu	irity number or ITIN.
Number Street	
Name of accountant or bookkeeper Dates business existed	
From To	

Case 17-06685 Doc 1 Filed 03/06/17 Entered 03/06/17 10:07:35 Desc Main Document Page 60 of 60

Debtor 1	LATANYA	BROADEN	ise number (# known)_
	First Name Middle Name (ast Name	
		Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
	Business Name		EIN:
	Number Street	Name of accountant or bookkeeper	Dates business existed
	City State ZIP Code		From To
ins	titutions, creditors, or other parties. No	uptcy, did you give a financial statement to a	inyone about your business? Include all financial
u	Yes. Fill in the details below.	Date issued	
		_	
	Name	MM / DD / YYYY	
	Number Street		
		_	
	City State ZIP Code	****	
Part 1	2: Sign Below		
an in	swers are true and correct. I understa connection with a bankruptcy case c U.S.C. §§ 152, 1341, 1519, and 3571.	ent of Financial Affairs and any attachments, and that making a false statement, concealing an result in fines up to \$250,000, or imprison	and I declare under penalty of perjury that the g property, or obtaining money or property by fraud ment for up to 20 years, or both.
	Signature of Debtor 1)	Signature of Debtor 2	**************************************
D:	Date 03/02/2017	Date	
	No Yes	Statement of Financial Affairs for Individual	s Filing for Bankruptcy (Official Form 107)?
		ho is not an attorney to help you fill out bank	ruptcy forms?
	No Yes. Name of person		Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).